

## REQUIREMENTS FOR ORIGINAL OPTOMETRY LICENSURE

- Applicants must have attained their 18<sup>th</sup> birthday.
- The academic requirements are at least six calendar years at the college level, four years of which shall have been completed in an accredited college of optometry or university school of optometry.
- All final transcripts from preprofessional and professional schools must become part of the application file. Transcripts will be considered valid only when received from schools with official seal thereon. A copy of your diploma must become a part of your file.
- Contact the NBEO office **800-969-3926**, directly for information on application and deadlines for the NBEO examinations. Maryland requires passage of Parts **I, II and III, for licensure**. The Maryland Board accepts the NBEO Passing score on these examinations.
- A recent **passport size** photograph must accompany the application.
- The application fee is \$300.00. Application fees are not refundable.
- A letter of recommendation from each person listed on the application.
- Verification of License. If you are now or ever been licensed in any state, verification must be completed by the licensure board in each state. This verification must come directly to the Board from the licensure board office. If you have need of additional verification forms, you may copy the blank form and send it directly to the other states.
- Maryland requires passage of an examination on the Maryland Optometry Law. This is an open book examination with a passing score of 75.



Original Licensure Application

Page 2

8. Name and address of undergraduate college or colleges attended and total credits and degree, if obtained, in each:

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9. Name of Optometry College attended \_\_\_\_\_

10. Date of graduation \_\_\_\_\_ Degree \_\_\_\_\_

11. Have you ever been refused examination by a State Board? Yes \_\_\_ No \_\_\_\_\_

12. Have you previously taken the Maryland Board Licensure Examination?

Yes \_\_\_ No \_\_\_ If yes, date taken \_\_\_\_\_

Pass \_\_\_\_\_ fail \_\_\_\_\_

13. Have you ever failed an examination before a Board or have you ever been refused a license? Yes \_\_\_ No \_\_\_ If yes, give details.

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14. Has your license to practice in any state ever been revoked or suspended?

Yes \_\_\_ No \_\_\_ If yes, give details \_\_\_\_\_

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15. I have been licensed to practice optometry in the following states:

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16. If you have practiced, list locations and years of practice:

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17. Have you every pled guilty, nolo contendere, or been convicted or, received probation before judgement of any criminal act (excluding traffic violations)?

If yes, please explain. \_\_\_\_\_

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18. Are you addicted to the use of narcotics or intoxicants? \_\_\_\_\_

19. Maryland requires passage of the NBEO Examinations, Part I, Basic Science; Part II, Clinical Science; and Part III, Patient Care; for licensure. Please indicate the dates you have taken or plan to take these examinations:

<u>Examination</u>	<u>Dates</u>
Basic Science	_____
Clinical Science	_____
Patient Management Problems	_____
Clinical Skills	_____

An official copy of your scores on these examinations must be forwarded to the Board Office. Maryland accepts the NBEO minimum passing score on these examinations.

20. I enclose a recent photograph of myself and the examination fee of Three Hundred Dollars (\$300).

21. As to character and reputation, I refer you to the following four named persons (non-relative) who have known me over two (2) years. A letter from each of these people must be sent directly to the Board Office.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

AFFIDAVIT  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before the undersigned, a Notary Public for the County and State aforesaid,  
on the \_\_\_\_\_ day of \_\_\_\_\_ personally appeared

\_\_\_\_\_ who being first duly sworn, says that  
Applicant's name

he/she is the person referred to in, and who signed the foregoing application for licensure as an  
Optometrist in the State of Maryland; that the facts and statements therein contained are true to  
the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

SEAL



**F. Continuing Education**

a. Is mandatory continuing education required for license renewal?  YES  NO

b. If yes, what is the number of hours required annually? \_\_\_\_\_

**G. Licensure Status**

a. What type of optometry license does this optometrists hold in your state

BASIC  DIAGNOSTIC  THERAPEUTIC

b. Is this license current and in good standings?  YES  NO Please explain \_\_\_\_\_

**H. Disciplinary Action**

a. Has your state ever taken any disciplinary action against this licensee's license?  YES  NO

b. If yes, briefly explain the final action taken, the date executed, and **provide a copy** of the Settlement Agreement, Decision and Order, or Stipulation and Order in the matter.

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**I. List Attachments for Item H** \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

State Seal