

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2299
Phone: 410-764-4710 Fax: 410-358-2906

APPLICATION TO USE THERAPEUTIC PHARMACEUTICAL AGENTS

NAME: _____ LICENSE # _____

ADDRESS _____

OFFICE NUMBER _____ HOME NUMBER _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

Please review the following conditions. If one of these conditions applies, you are eligible for TPA certification. Please submit the appropriate documentation as required and return them to the Board office.

- I. Graduation from an accredited school of optometry **on or after July 1, 2005** and passing score on NBEO Parts I, II and III, including a passing score on the TMOD, submit the following:
 - a. Proof of current CPR certification
 - b. Official transcript or photocopy of Optometry diploma
 - c. Documentation of passing the TMOD

2. Graduation from an accredited school of optometry **prior to July 1, 2005** submit the following:
 - a. Documentation of completion of 110 hours of Board-approved TPA continuing education taken within **3 years before applying for certification to use TPA.** The Board will review the following documents to determine the number of TPA hours acceptable.
 - (i) Official transcript from optometry school
 - (ii) Copies of TPA continuing education documentation

TPA Certification Application

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- b. Documentation of completion of an 8-hour Board approved steroids course (contact the Board directly regarding the course.)
- c. Documentation of passing the TMOD
- d. Proof of current CPR certification.
- e. Proof of DPA Certification – For Maryland Licensees, please copy your current DPA license and return the original license with this application. Keep copy until new TPA license is received.

(If you are not DPA certified in Maryland, please contact the Board office for a DPA application.)

A TPA Certified Optometrist in Maryland must complete 50 hours of continuing education during the two-year renewal period and 30 hours shall be in the use and management of TPAs. A TPA Certified Optometrist shall be certified in CPR and shall verify this certification on request from the Board.

SIGNATURE OF APPLICANT _____

DATE: ____/____/____

State of _____ City or Town _____

County _____ This _____ day of _____ personally appeared the applicant, who in my presence signed this affidavit and made oath to the truth of the statement and all information herein submitted.

NOTARY PUBLIC _____

SEAL