



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Board of Examiners in Optometry

4201 Patterson Avenue Room 307  
Baltimore, Maryland 21215-2299  
(410) 764-4710 FAX (410) 358-2906

Website: [www.dhmv.maryland.gov/optometry](http://www.dhmv.maryland.gov/optometry)

E-mail: [dhmv.optometry@maryland.gov](mailto:dhmv.optometry@maryland.gov)

MARYLAND BOARD of EXAMINERS IN OPTOMETRY  
Active Practice Affidavit

The Code of Maryland Regulations (COMAR) 10.28.08.01, Partial Waiver of Examination, defines that active practice means practicing optometry for at least 500 hours within 3 consecutive years.

Name and Title of Authorized Official \_\_\_\_\_  
(please print or type)

I attest that \_\_\_\_\_, a licensed optometrist in the state of \_\_\_\_\_

has engaged in active practice in this state from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

\_\_\_\_\_  
Signature of Authorized Official Date

\_\_\_\_\_  
Name and Title of Authorized Official (please print or type)

\_\_\_\_\_  
Company Name Telephone Number

AFFIDAVIT

STATE OF

COUNTY OF

Notary Public Documentation

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit.

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

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

SEAL