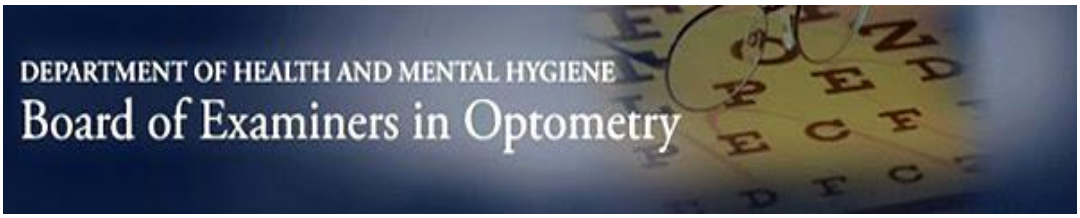


4201 Patterson Avenue Room 307
Baltimore, Maryland 21215-2299
(410) 764-4710 FAX (410) 358-2906
Website: www.dhmh.maryland.gov/optometry **E-mail**: dhmh.optometry@maryland.gov

QUALIFICATIONS FOR THE USE OF DIAGNOSTIC PHARMACEUTICAL AGENTS

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

(1) Graduation from an accredited school of optometry within **7 years** before applying for certification in Maryland.

(2) Certification to use diagnostic pharmaceutical agents in another state which included completion of not less than 70 credit hours in diagnostic pharmaceutical agents if the optometrist:

a. Submits to the Board proof of certification to use diagnostic pharmaceutical agents in the other state.

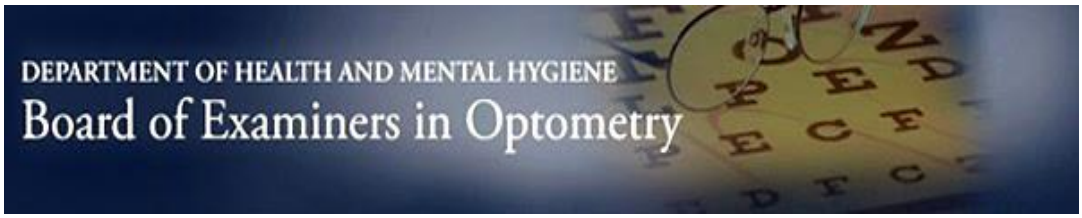
b. Submits to the Board documentation that the original certification included at least 70 credit hours in diagnostic pharmaceutical agents. This documentation may be from either:

(i) The state Board that granted the original certification;
(ii) The college, university, association, or other sponsors of the 70 hours in diagnostic pharmaceutical agents.
(iii) Any other organization approved by the Board.

(3) Successful completion of a course in diagnostic pharmaceutical agents of at least 70 credit hours given by an accredited college or faculty approved by the Board within 7 years before applying for certification.

A DPA Certified Optometrist in Maryland **must complete 36 hours of continuing education** during the two-year renewal period **and 6 hours must be in the use and management of DPAs**. A DPA Certified Optometrist must be certified in CPR and must verify this certification upon the Board's request.

**Please enclose an official transcript or photocopy of diploma and proof of current certification in CPR.



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APPLICATION FOR THE USE OF DIAGNOSTIC PHARMACEUTICAL AGENTS

Applicant Information

First Name:	Middle Initial:	Last Name:
Address 1:		
Address 2:		
City:	State:	Zip Code:
Home Number:	Mobile Number:	
Email Address:		
Optometry School:		Date of Graduation:
City:	State:	Zip Code:

AFFIDAVIT

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 not 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. I certify that the attached photograph is a true likeness of the applicant.

APPLICANT'S SIGNATURE _____ DATE ____/____/___

Mail completed application to:
The Maryland Board of Optometry
4201 Patterson Avenue, Room 307
Baltimore, MD 21215-2299

NOTARY PUBLIC DOCUMENTATION

State of _____ _____

Sworn before me this _____ day of_ _, 20 _____

Notary Public Signature _____

My commission expires _____/_____ __

Notary Seal