The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Optometrist Form 1A Application for Certification(s)

All applicants for certification must complete this form and submit it with the appropriate fee (\$60 for DPA certification and \$250 for Oral Certification. No fee is required for TPA Certification) directly to the Office of the Professions at the address at the end of this form. Certification fees are not refundable. You must answer all questions in ink (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. You must sign and date the Affidavit on this form in the presence of a Notary Public.

this	form in the prese	nce of a Notary Public.					
Che	Optometrist	applying for (check all that apply): DPA Certification	Optometrist	TPA Certifica	ation 56	\$0 MI	
1.	`	f you do not have a U.S. Social Security I	2. Number)	Birth Date	Month	Day	Year
3.		_ast -					
		First			5.	Telephone/Email	Address
		Middle				Daytime Phone Home or	Business
		dress, phone and email address are puone on this form for each item will de					
4.	Mailing Address					Area Code	Phone
	•	the Department within 30 days of ar	ny address or name	e changes)			please print clearly)
	Line 1					Home or	Business
	Line 2						
	Line 3				6.	New York State [DMV ID Number
	City					(Driver or Non-Dr	river ID)
	State	ZIP Code				(Leave this blank if	ivou do not have a
	Country/ Province					New York State DN	-
7.	New York State	Optometrist License Number		Registratio	n expiratior	n date <u>mo.</u> da	y yr.
8.	-	A Certification (check one):					
		ave certification to use Diagnostic Ph					
		g for certification to use Diagnostic P pplying for certification to use DP.	•	nts (DPAs). (1	i nere is a \$	60 fee required to	r this certification)
	☐ I have c	ompleted a professional optometry professional and January 1, 1984.		y the Departr	nent as lice	nsure qualifying o	r accredited by
		ompleted a professional optometry pr on regarding the requirements I mus			and will co	ntact the SUNY C	college of Optometry for
9.	=	A Certification (check one):					
	I currently have certification to use Therapeutic Pharmaceutical Agents (TPAs). (There is no fee required with this option)						. ,
	I am applying for certification to use Therapeutic Pharmaceutical Agents (TPAs). (There is no fee required for this certification) If you are applying for certification to use TPAs, (check one): I have completed a professional optometry program (approved by the Department as licensure qualifying or accredited by AOACO) after January 1, 1993 and have requested that my passing score on the Treatment and Management of Ocular Diseases (TMOD) examination be forwarded by NBEO to the Office of the Professions on my behalf.						
	☐ I have c	ompleted a professional optometry proon regarding the requirements I mus	ogram prior to Jan	uary 1, 1993			ollege of Optometry for

0.	Optometrist Oral Certification	:						
	Are you applying for certification certification)	n to use Oral Therapeutic Pharmad	ceutical Agents (Orals)? (The	ere is a \$250 fee required for this				
	Yes No							
	If you are applying for certification to use Orals, (check one):							
	☐ I have graduated from an acceptable to the Depart		after January 1, 2022 and ha	ave passed the NBEO or an examination				
	☐ I have completed an app examination.	proved oral therapeutic pharmaceu	tical agent certification cours	e and passed the corresponding				
1.	ffidavit with Acknowledgement (Notarization required)							
	Applicant							
	declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. This form must be signed and dated in the presence of a Notary Public.							
	Applicant's Signature			Date				
	Notary							
	State ofCounty of							
	On the	day of	in the year	before me, the above signed,				
		•	•	•				
	personally appeared	Applicant name	, personally	known to me or proved to me on the basis				
	personally appeared of satisfactory evidence to be the	Applicant name e individual whose name is subscr	personally, personally ibed to this application and a	known to me or proved to me on the basis cknowledged to me that he/she executed				
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Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201, U.S.A.. **DO NOT SEND CASH**. Make check or money order payable to the New York State Education Department.