

10. **Optometrist Oral Certification:**

Are you **applying** for certification to use Oral Therapeutic Pharmaceutical Agents (Orals)? (There is a \$250 fee required for this certification)

Yes No

If you are applying for certification to use Orals, (check one):

I have graduated from an accredited college of optometry **after January 1, 2022** and have passed the NBEO or an examination acceptable to the Department.

I have completed an approved oral therapeutic pharmaceutical agent certification course and passed the corresponding examination.

11. Affidavit with Acknowledgement (**Notarization required**)

Applicant

I 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 of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's Signature

Notary ID number

Expiration Date

Notary Stamp

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.