



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration in Optometry
1000 Washington Street, Boston MA 02118

**Topical and Oral Therapeutic Pharmaceutical
Agents and Glaucoma Certification Initial
Application
(TPA+GC):**

Last Name: _____ First Name: _____ M.I. _____

Address: _____

Email address: _____

MA License number: _____

Year of original license issuance: _____

Methods for Obtaining Certification (check one)

____ Licensed Massachusetts Optometrists seeking certification, shall submit to the Board evidence of the completion of the education and examination requirement under M.G.L. c. 112, § 68C(b), as satisfactory evidence of this section.

Please submit the following documents:

- Certificate of course and exam completion from the Massachusetts Society of Optometrists**
- Application for Certification**

____ New Applicants for licensure (initial licensure) shall fall under M.G.L. c. 112, § 68C(a). The Board will accept proof of graduation from an accredited school or college of optometry and completion of the national board examination requirements, as satisfactory evidence of this section.

Upon submission of an approved application for initial licensure and successful completion of the jurisprudence exam, applicants for initial licensure as Massachusetts Optometrists must submit the following documents for glaucoma certification:

- Official transcript from accredited school or college of Optometry**
- NBEO score reports for Parts I, II, III, and TMOD**
- Application for Certification**

___ Reciprocity/Endorsement

State where originally licensed by examination _____

Year license was issued _____

___ An optometrist licensed in another jurisdiction to utilize and prescribe therapeutic pharmaceutical agents for treating glaucoma and other ocular abnormalities of the human eye and adjacent tissue may submit evidence to the Board of Registration in Optometry of equivalent didactic and supervised clinical education, and the Board may accept the evidence in order to satisfy any of the requirements of this section.

___ The Board may accept a letter of good standing from an optometrist licensed in another jurisdiction with an equivalent scope of practice in both glaucoma and oral therapeutic agents to those of the Commonwealth, and the licensee must show that they contain such licensing authority in that jurisdiction.

Upon submission of an approved application for licensure and successful completion of the jurisprudence exam, licensed Optometrists in other jurisdictions who are in good standing must submit the following documents to the Board:

- Letter of good standing from licensed jurisdiction
- Evidence of equivalent didactic and supervised clinical education or
- Evidence of equivalent scope of practice in both glaucoma and oral therapeutic agents and authority to treat in that jurisdiction
- Application for Certification

****Applicants seeking certification with a dual license (Massachusetts and another U.S. jurisdiction): (to be determined)****

___ Postgraduate Residency Program

___ The Board will accept a completion certificate as satisfactory evidence of the requirements under M.G.L. c. 112, § 68C, if the licensee:

- 1) completed the postgraduate residency program in ocular disease; and,
- 2) completed the program on or after June 30, 2011.

Please submit the following documents:

- Completion Certificate
- Application for Certification

___ Those completing the residency program before Jun 30, 2011 or did not complete the residency program in ocular disease, will be reviewed on a case-by-case basis by the Board. Please submit to the Board an affidavit from the licensed optometrist's residency supervisor or the director of residencies at the affiliate college or school of optometry attesting that the optometrist has completed an equivalent level of instruction and supervision.

Please submit the following documents:

- Completion Certificate

- **Application for Certification**
- **Affidavit from the residency supervisor or director of residencies attesting equivalent instruction and supervision.**

NOTE: Optometrists certified by the Board to provide glaucoma treatment must contact the Controlled Substance Registration before prescribing topical and oral medications.

For office use only

TPA+ GC Certification Approved (Date and Initials) _____

Signature

Date

Please submit by mail to:
Board of Registration in Optometry
1000 Washington Street – Suite 710
Boston, MA 02118