No Fee

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|  | The Commonwealth of Massachusetts  Department of Public Health  **Board of Registration in Optometry**  250 Washington Street, Boston MA 02108  **TPA Certification Application** |

Last Name: First Name: M.I.

Address:

MA License number

Year of original license by examination

State where originally licensed by examination

If original state of licensure by examination is not MA, request official verification of date of original licensure by examination from state of original licensure to be sent directly to the MA Optometry Board.

Were you originally licensed by examination prior to January 1, 1994? Yes No

If Yes, do you have current TPA certification in another state? Yes No

If **yes**, arrange for official documentation of DPA and TPA Certification, and a copy of other state's TPA eligibility criteria to be sent to the Board directly from the state board that issued the TPA Certification

If **No**, a) arrange for documentation of DPA Certification to be sent to the Board or complete a MA DPA Certification application; b) arrange for official documentation of TPA didactic and clinical courses to be sent to the MA Optometry Board from the optometry or medical school course provider

For office use only

Fee Received/Initials

Application Review Date(s)

TPA Certification Approved by Certificate issued 