

No Fee



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 ☐