

## Maryland Board of Examiners in Optometry

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Baltimore, Maryland 21215-2299

(410) 764-4710 FAX (410) 358-2906

Website: [www.health.maryland.gov/optometry](http://www.health.maryland.gov/optometry)

E-mail: [mdh.optometry@maryland.gov](mailto:mdh.optometry@maryland.gov)



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### Renewal Instructions:

**RENEWAL DEADLINE IS JUNE 30, 2018**

### Fee Schedule

License	License Fee	MHCC fee
A-Z	\$600.00	\$26.00

Please also note that pursuant to Senate Bill 786, each Health Occupation Board is required to collect a user fee for the Maryland Health Care Commission (MHCC). The fee funds the cost of services and information the MHCC provides to consumers and healthcare practitioners. The user fee is \$26.00. Please be aware that the Board collects and submits these fees to the MHCC. We do not retain these funds. For more information on the MHCC, please visit their website at <http://mhcc.maryland.gov>.

#### 1. What are my payment options for paying the renewal fee?




You have two payment options. You can pay online by credit card (Visa or MasterCard) or elect to mail a check or money order (personal or third party).

If you elect to pay by check or money order, at the end of the application you will be directed to print a receipt to mail along with the payment to the Board. Mail your payment along with the receipt as soon as you complete the online renewal application. Do not send payment without a receipt. (Payments without receipts could be delayed). Allow up to seven (7) days for the Board to receive payment. Payment must be received or postmarked on or before the expiration date of your license. To insure timely receipt of your payment, all payments should be submitted no later than 10 days before the expiration date. The Board does not accept payment in person or by phone at the Board office. Credit card payments are only accepted online.

### Read the renewal application and complete the following:

#### Part 1 - GENERAL APPLICATION INFORMATION

Complete all sections of the application where applicable. Some of the information has been pre-populated on your application from our current records. Please update any information that has changed. Make certain that the address you list is your address of record, principal address. This is the address that the Board can disclose to the public. Press "Submit as Complete" to validate and submit your answers, or press "Save-Not Complete" to save your answers and come back later to finish. You may also press "Cancel" to return to the menu without saving any changes you made.

 After each section is submitted and validated, the  status arrow on the menu for that part will become green . This indicates that the section (part) has been successfully completed.

## **Part 2 - DISCIPLINARY QUESTIONS**

Complete all disciplinary questions. Provide a detailed explanation for each question checked "YES". Some explanations may require legal documentation that must be submitted to the Board. Your license will not be issued until such information is received and reviewed by the Board.

## **Part 3 - CONTINUING EDUCATION REQUIREMENTS**

**TPA** certified optometrists are required to complete 50 hours and 30 of those hours must be in the use and management of therapeutic pharmaceutical agents and maintain a current CPR certification.

**DPA** certified optometrists are required to complete 36 hours and 6 of those hours must be in the use of diagnostic or therapeutic pharmaceutical agents and maintain a current CPR certification.

**Non- Certified** optometrists are required to complete 36 hours.

### **CONTINUING EDUCATION AUDIT**

The Board conducts random audits of renewal applications. If you are audited, you must submit official documentation of continuing education hours. Failure to verify CE hours requested by the Board by the specified date may result in suspension or revocation of your certification/license.

**THE BOARD WILL NOT ACCEPT CERTIFICATES OF COMPLETION/ATTENDANCE/PARTICIPATION. ALL AUDITED LICENSEES MUST SUBMIT A COPY OF THE OE TRACKER SUMMARY SHEET** to the Board's office via fax or email. Fax number is 410-358-2906 and email address: mdh.optometry@maryland.gov.  
**THE BOARD WILL NOT ACCEPT CERTIFICATES OF COMPLETION/ATTENDANCE/PARTICIPATION**

## **Part 4 - TPA SELF ASSESSMENT**

All TPA certified optometrists who received their license prior to 2015, must complete a 2018 TPA Self-Assessment form. Once the form is completed, Press "Submit as Complete".

## **AFFIRMATION OF APPLICATION**

After all parts have been completed and the information validated, the **Submit Application and Pay Fee** button will be activated. Press this button to affirm your application and select a payment method. You may pay your renewal fee online using Visa or MasterCard credit cards or mailing a check with a copy of your online receipt payable to **MARYLAND BOARD OF EXAMINERS IN OPTOMETRY**. **There will be a \$100 late fee assessed for online renewal after June 30, 2018.**

**PLEASE PRINT OUT A COPY OF YOUR RENEWAL APPLICATION AND RECEIPT AFTER PAYMENT HAS BEEN MADE.**