OPTOMETRIST CERTIFICATION OF COMPLIANCE WITH THERAPEUTIC PHARMACEUTIC AGENT STATUTE

STATE OF _____)
) **ss.**
COUNTY OF _____)

I, _____, of lawful age and under penalty of perjury certify as follows:

1. I am a duly licensed and practicing optometrist in the State of Nevada;

2. I have successfully completed a comprehensive clinical training course of at least 40 hours, [proof of which is attached hereto] conducted by:

_____, M.D. _____, M.D.

_____, M.D. _____, M.D.

_____, M.D. _____, M.D.

3. I have received a score of 75 or higher on the TMOD exam conducted by the National Board of Examiners in Optometry.

4. I have satisfied all the requirements of Chapter 636 of the Nevada Revised Statutes for certification to administer and prescribe therapeutic pharmaceutical agents.

DATED this _____ day of _____, _____.

_____

Subscribed and sworn to before me this
_____ day of _____, _____.

_____
NOTARY PUBLIC [SEAL]

OPHTHALMOLOGIST CERTIFICATION OF COMPLIANCE WITH THERAPEUTIC PHARMACEUTIC AGENT STATUTE

STATE OF _____)
) ss.
COUNTY OF _____)

I, _____, M.D., of lawful age and under penalty of perjury certify as follows:

1. I am a duly licensed and practicing ophthalmologist, in good standing, in the State of _____;

2. _____, O.D., has completed a comprehensive clinical training course of _____ hours, conducted by me, which included, but was not necessarily limited to:

[a] The use of all classes of therapeutic pharmaceutical agents he/she is authorized to administer or prescribe pursuant to Chapter 636 of the Nevada Revised Statutes;
[b] A primary focus on the examination of patients, and was practical in nature; and
[c] Structure which maximizes the interrelationship between the doctor and the patient, with emphasis on one-on-one interaction between the doctor and the patient.

3. _____, O.D. has satisfactorily completed _____ hours of training.

DATED this _____ day of _____, _____.

_____

Subscribed and sworn to before me
this _____ day of _____, _____.

_____
NOTARY PUBLIC [SEAL]