OPTOMETRIST CERTIFICATION OF COMPLIANCE WITH OPTOMETRIC PHARMACEUTICAL AGENT REQUIREMENTS

STATE OF _____)
) ss.
COUNTY OF _____)

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

1. I currently am a licensed and practicing optometrist in the state of Nevada.

2. I successfully completed comprehensive clinical training of at least 40 hours related to the optometric use of pharmaceutical agents, conducted by the following ophthalmologist(s):

   _____ _____
   _____ _____
   _____ _____

3. I successfully completed the TMOD exam conducted by the National Board of Examiners in Optometry.

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

Signed and sworn before _____, a notary public, on this _____ day of _____, _____.

_____
Optometrist

_____
NOTARY PUBLIC [SEAL]

OPHTHALMOLOGIST CERTIFICATION OF COMPLIANCE WITH OPTOMETRIC PHARMACEUTICAL AGENT REQUIREMENTS

STATE OF _____)
) ss.
COUNTY OF _____)

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

1. I currently am a licensed and practicing ophthalmologist in good standing in the state of _____, holding License Number _____.

2. _____, O.D., has completed clinical training of _____ hours, conducted by me, which was comprehensive in nature and covered the use of all classes of pharmaceutical agents which an optometrist may administer or prescribe pursuant to chapter 636 of NRS.

Signed and sworn before _____, a notary public, on this _____ day of _____, _____.

_____
Ophthalmologist

_____
NOTARY PUBLIC [SEAL]