## OPTOMETRIST CERTIFICATION OF COMPLIANCE WITH OPTOMETRIC PHARMACEUTICAL AGENT REQUIREMENTS

STAT	E OF) ss.	
COUN	) ss. NTY OF)	
	, of lawful age and under penalty of perjury, pursuant to	
NRS 5	3.045 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 Statute and Nevada Administrative Code for certification to administer and prescribe optometric pharmaceutical agents.	
	I declare under penalty of perjury under the laws of the State of that the foregoing is true and correct.	
	DATED this day of,	
	Optometrist	
	Optoments	

## OPHTHALMOLOGIST CERTIFICATION OF COMPLIANCE WITH OPTOMETRIC PHARMACEUTICAL AGENT REQUIREMENTS

STATE OF) ss. COUNTY OF)	
COUNTY OF)	
	of lawful age and under penalty of perjury, pursuant to
NRS 53.045 certify as follows:	
I currently am a licensed and pra, holding License	cticing ophthalmologist in good standing in the state o Number
conducted by me, which was com	., has completed clinical training of hours prehensive in nature and covered the use of all classes o optometrist may administer or prescribe pursuant to
I declare under penalty of	perjury under the laws of the State of
that the foregoing is true and corr	
DATED this day or	·
	Ophthalmologist