OPTOMETRIST CERTIFICATION OF COMPLIANCE WITH OPTOMETRIC PHARMACEUTICAL AGENT REQUIREMENTS

STAT	E OF)
) ss. NTY OF)
COU	NTY OF)
I,	, of lawful age and under penalty of perjury, pursuant to
NRS :	53.045 certify as follows:
1.	I currently am a licensed and practicing optometrist in the state of Nevada.
2.	I successfully completed the TMOD exam conducted by the National Board of Examiners in Optometry.
3.	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.
	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