OPTOMETRIST CERTIFICATION OF COMPLIANCE WITH OPTOMETRIC PHARMACEUTICAL AGENT REQUIREMENTS

STATE OF _____)

) ss.

COUNTY OF _____)

I, _____, Nevada license no. _____, 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 Nevada that the foregoing is true and correct.

DATED this _____ day of _____, _____.

_____

Optometrist