

Application for Optometric Glaucoma Specialist

TEXAS OPTOMETRY BOARD

333 Guadalupe Street, Suite 2-420
Austin TX 78701

In accordance with the Texas Optometry Act, Section 351.3581, I make application for licensure as an Optometric Glaucoma Specialist.

Fee of \$50.00 payable to "Texas Optometry Board" must be attached

Form with fields for Therapeutic License # (5 boxes, last with 'T'), Social Security Number (9 boxes), Name of Applicant, Mailing Address, City, State, Zip, and Telephone #.

Section for Board Approved Glaucoma Review Course – Sponsor, Location, Date Completed, and a list of required documentation with checkboxes.

"I, _____, the above named Therapeutic Optometrist, License No. _____, state that all facts, statements and answers contained in this application are true and correct. I have read all the laws of Texas pertaining to Optometry, and I intend to practice in keeping with the spirit and letter of these laws and all laws enacted in the future, and I will comply with all valid rules and regulations made by this Board."

Signature of Therapeutic Optometrist