

Application for Optometric Glaucoma Specialist
2008 or Subsequent Year Graduate of Certain Optometry Schools (See Website Instructions)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="T"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
◇Therapeutic License #						◇Social Security Number									
◇Name of Applicant (please print or type)															
◇Mailing Address (must be able to accept certified mail in cardboard mailer at this location)															
City			State			Zip			◇Telephone #						

◇ Name of Optometry School Attended: _____	
Date Graduated: _____	
<i>The following documentation must be attached to this application:</i>	<u>Attached</u>
• Clinical Skills Documentation: Certification of Skills Board Form.....	<input type="checkbox"/>
• Fee: Check in the amount of \$50.00	<input type="checkbox"/>

"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