

Government of the District of Columbia

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF OPTOMETRY
899 North Capitol Street, NE
WASHINGTON, DC 20002**

SUBMISSION REQUIREMENTS FOR ADMINISTRATION OF DIAGNOSTIC PHARMACEUTICAL AGENTS/DPA CERTIFIED

1. A complete application.
2. Two passport-type photos of the applicant's face, measuring approximately 2"X2",
3. A certification fee in the amount of \$176.00 payable by check or money order made payable to the "DC Treasurer." NO CASH WILL BE ACCEPTED
4. An applicant for certification to administer Diagnostic Pharmaceutical Agents shall do the following
 - A. Demonstrate to the satisfaction of the Board that the applicant is either an applicant or an Optometrist
 - B. Has completed a course approved by the Board in general and ocular pharmacology that meets the requirements of Section 207 of the ACT, D.C Code 2-23307 (1987 Supp) by arranging for the institution to submit a transcript to the Board
 - C. Applicant has passed the pharmacology section of the examination administered by the National Board of Examiners in Optometry or other examination approved by the Board, by arranging for the test results to be submitted directly to the Board by the National Board of Examiners in Optometry or other examination approved by the Board, by arranging for the test results to be submitted directly to the Board

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SUPPLEMENTAL INFORMATION FORM

(Please print in ink or type)

TO BE COMPLETED BY
OPTOMETRISTS

Name (Last, First, Middle Initial)

Address (Street, City, State, Zip Code)

1. I certify that I have read and fully understand the regulations and rules governing the practice of optometry in the District of Columbia.

Signature
