



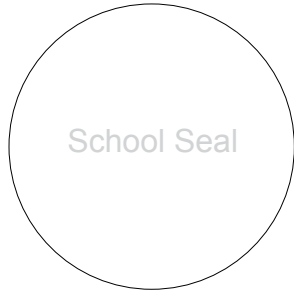
Optometry Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Optometry Certification for Diagnostic, Therapeutic and Oral Drugs

Applicant's Name _____

Specific requirements for license are on reverse side.

- Diagnosis**—This is to certify the applicant has completed a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as established in [WAC 246-851-400](#). **Education must be completed after July, 1981**

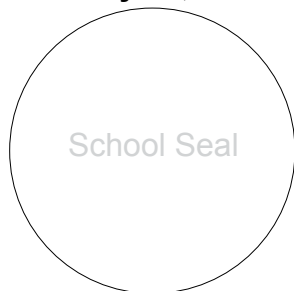


Name of Accredited Institution _____

Date Education Completed _____

Signature _____

- Treatment**—This is to certify the applicant has completed an additional minimum of seventy-five hours of didactic and clinical instruction as established in [WAC 246-851-400](#). **Education for treatment purposes must be completed after July 23, 1989**

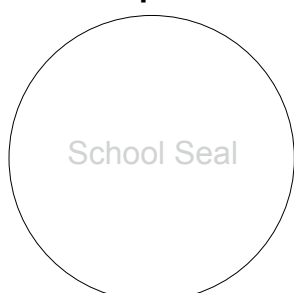


Name of Accredited Institution _____

Date Education Completed _____

Signature _____

- Oral**—This is to certify the applicant has completed an additional minimum of sixteen hours of didactic and eight hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation as established in [WAC 246-851-570](#). **Education for oral certification must be completed after May 1, 2004.**



Name of Accredited Institution _____

Date Education Completed _____

Signature _____