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### CERTIFICATE OF TRAINING (Does not apply to new graduates)

Every applicant applying licensure by endorsement and for certification to prescribe for and treat certain diseases, including abnormal conditions, of the human eye and its adnexa with certain therapeutic pharmaceutical agents shall provide evidence of having completed a full-time approved postgraduate optometric training program, or a full-time approved graduate optometric training program to the Board.

I hereby authorize the director of the postgraduate or graduate training program to release to the Virginia Board of Optometry the information listed below in connection with the processing of my application.

\_\_\_\_\_  
Signature of Applicant

It is hereby certified that \_\_\_\_\_ completed

the program for \_\_\_\_\_  
Title of Postgraduate Optometric Program

from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

School of Optometry \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

Please return to: Board of Optometry  
9960 Mayland Drive, Suite 300  
Richmond, VA 23233-1463

SCHOOL SEAL