Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

VERIFICATION OF THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) TRAINING

Authority: 1978 PA 368

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)			Date of Birth (MM/DD/YYYY)
Street Address			
City		State	Zip Code
10-Digit MI Permanent ID/License Number	License Expiration Date	Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable:			
Signature of Applicant		Date	

Remainder of Form to be Completed by School of Optometry:

Name of School		Telephone Number
Street Address		
City	State	Zip Code
Dates of Training From: _____ To: _____		

CERTIFICATION AND SIGNATURE

I hereby certify that the applicant named above has completed a minimum of 10 quarter hours or 7 semester hours of credit or 100 classroom hours of study in courses relating to the didactic and clinical use of therapeutic pharmaceutical agents related to optometry.

_____ _____
Signature of Dean or Registrar Title

_____ _____
Print or Type Name Date

(SCHOOL SEAL)