



**OPTOMETRISTS BOARD OF QUEENSLAND
APPLICATION FOR OCULAR THERAPEUTIC ENDORSEMENT**

FORM Opt 501

***Section 170(2) and Appendix 9
Health (Drugs and Poisons) Regulation 1996***

Executive Officer
Optometrists Board of Queensland
19th Floor, Forestry House
160 Mary Street
GPO Box 2438
BRISBANE QLD 4001

I, _____ of _____

being a registered Optometrist in Queensland, Registration Number _____

-
- (a) have successfully completed the Queensland University of Technology's Graduate Certificate in Ocular Therapeutics;
- (b) will forward a certified copy of the Graduate Certificate upon receipt; and
- (c) seek Ocular Therapeutic Endorsement from the Board.

Signed: _____ **Date:** ____/____/____