



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

FORM 401

**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) A certified copy of the *Graduate Certificate* is attached and
- (c) Seek Therapeutic Endorsement from the Board.

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