



Month 00, 20XX

Other State Board of Optometry
 123 Street Name
 City, State 00000

Verification of License History

This is to certify that I, Monica Petersen, Licensing Analyst of the California State Board of Optometry (Board), have custody and control of the official records of the Board, and that the following information was obtained from the records of **Licensee Name:**

<u>License:</u>	Optometrist – Doctor of Optometry
License Number:	OPT 00000 - Therapeutic Pharmaceutical Agents, Lacrimal Irrigation and Dilution, Glaucoma (TLG)
Address of Record:	456 Street Name City, State 00000
License Method:	Examination
Issued:	00/00/0000
Expiration:	00/00/0000
Status:	License Status
<u>Prior Discipline:</u>	None

Given under my hand and the seal of the State Board of Optometry, at Sacramento, California, this 00 day of Month 20XX.

 Staff Name
 Staff Position

