

**American Board of Certification in Medical Optometry  
Credentialing Release of Information Authorization**

In order for the **American Board of Certification in Medical Optometry (ABCMO)** to access and verify my educational background and professional qualifications to determine my eligibility for its certification or renewal of said certification, I hereby authorize the **ABCMO** to make inquiries and consult with all persons, places of employment, educational facilities, State licensing boards, the National Practitioner Data Bank or similar government and non-governmental entities who have, or may have, information bearing on my moral, ethical and professional qualifications, experience and competence.

I consent to the release of such information about my ability and eligibility for certification in medical optometry and I authorize release of such information and copies of any related records and/or documents to **ABCMO** officials to include not only the requested information for verification but information concerning each lawsuit, civil action, or other claim brought against me for malpractice or negligence; each disciplinary action under consideration or taken, any open or previously concluded investigations; and any changes in the status of a credential and all supporting documentation related to the information provided.

I authorize the **ABCMO** to disclose to such persons, employers, institutions, boards or agencies my identity and other information about me sufficient to enable the **ABCMO** to make such inquiries.

I release from liability all those individuals and organizations who provide information to the **ABCMO** in good faith and without malice in response to such inquiries by **ABCMO**.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature