Optician Initial Licensure Form

Board of Opticianry
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: www.floridasopticianry.gov
Email: info@floridasopticianry.gov
Phone: (850) 245-4292
Fax: (850) 413-6982

Florida HEALTH
Medical Quality Assurance

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Do Not Write in this Space
For Revenue Receipting Only

The licensure biennium ends December 31st of every even-numbered year. Please use the following information to determine the correct amount of your initial licensure fee.

☐ **Initial Optician Licensure (odd-numbered year) (1020)** **$130.00**
- For applications submitted in an odd-numbered year, the initial licensure fee is $130.00. Renewal will be required by December 31st of the following year.

☐ **Initial Optician Licensure (even-numbered year) (1020)** **$67.50**
- For applications submitted in an even-numbered year, the initial licensure fee is $67.50. Renewal will be required by December 31st of the same year.

☐ **Initial Optician Licensure (even-numbered year after August 1st) (1020)** **$130.00**
- For applications submitted after August 1st of an even-numbered year, the initial licensure fee is $130.00. Renewal will be required by December 31st of the next even-numbered year.

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health.

1. PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

_____ _____ _____
Street/P.O. Box Apt. No. City

_____ _____ _____ _____
State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Address: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

_____ _____ _____
Street Apt. No. City

_____ _____ _____ _____
State ZIP Country Work/Cell Telephone (Input without dashes)

EQUAL OPPORTUNITY DATA:
We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: ☐ Male ☐ Female

Race: ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native ☐ Two or More Races ☐ Hispanic or Latino ☐ Black or African American ☐ White ☐ Asian

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

☐ Yes ☐ No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. **SOCIAL SECURITY DISCLOSURE (REQUIRED)**

This information is exempt from public records disclosure.

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

Last Name: _____

First Name: _____

Middle Name: _____

Social Security Number: _____
(Input without dashes)

Social Security Information- * Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

Name: _____

3. APPLICANT SIGNATURE

I, the undersigned, state that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, F.S.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

I understand that I am under a continuing obligation to keep informed of any changes to chapter 456 & 484, Part I, F.S., and related rules and hereby state my license to practice opticianry in the state of Florida is not subject to any current disciplinary action.

Applicant Signature _____ Date _____

You may print this application and sign it or sign digitally. MM/DD/YYYY