



**APPLICATION FOR LICENSURE
AS CERTIFIED OPTOMETRIST
PLEASE READ CAREFULLY**

FLORIDA LAWS & RULES:

You may download a copy of Chapter 463, Florida Statutes and Rule Title 64B13, Florida Administrative Code at www.floridasoptometry.gov/resources It is important to read this in order to determine your eligibility prior to applying, and to familiarize yourself with the statutes and board rules regarding your application for licensure and the practice of the optometric profession within the State of Florida.

APPLICANT'S QUESTIONS REGARDING APPLICATION STATUS:

Within thirty (30) days after we receive your application and fee, we will send you an acknowledgment letter informing you of any deficiencies in your application and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date you mailed it, or if you have questions concerning the requirements for licensure, please do not hesitate to contact this office. If you have questions concerning whether or not we have received items which we require you to arrange to be sent to this office by a third party (such as official transcripts, licensure verifications from state licensing agencies); please check with the third party first to see if the required documentation has been sent. As a reminder to all applicants, Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

YES/NO QUESTIONS:

All questions with a "Yes or No" answer must be marked with either a "Yes" or "No" as no other response is acceptable. For questions which require a brief explanation or description to "Yes" answers, your responses must be sufficiently detailed to ascertain the relevant dates, institution/organization names, and a brief synopsis of the reasons (i.e., the final charges or substantiated allegations only) the institution/organization took the disciplinary or other action (i.e., probation, limitation, suspension, revocation, voluntary relinquishment in lieu of disciplinary action, or any other adverse action). **HOWEVER, IF A QUESTION CONTAINED IN THIS APPLICATION IS NOT APPLICABLE ANSWER "N/A" IN THE NO COLUMN.**

DISCIPLINARY AND CRIMINAL HISTORY

Please read each question carefully. Answer questions with "YES," "NO" OR "N/A" Do not leave questions unanswered. A "YES" answer may require you to make a personal appearance before the Board of Optometry. "YES" answers to any question in the Disciplinary and Criminal History section require the following additional documentation:

1. A written statement explaining in detail the circumstances surrounding the "YES" answer. The statement must include all pertinent information such as date(s), explanation(s), address(es), employer(s), physician(s), institution(s), agency(ies) and hospital(s). The statement should be attached to your application. Be sure to number the statement to correspond with the question it explains.
2. Supporting documentation must also be submitted to verify the events, including court documents for each offense providing arrest records, restitution or current circumstances, final disposition, etc. If the records are no longer available, you must have certification of their unavailability from the court.

3. For documents regarding discipline or termination, the issuing agency must send the information as it pertains to the action. If discipline was issued, then the agency should send a copy of the administrative complaint and the final order to this office.

Section 456.0635(2), Florida Statutes, requires a different set of criminal history questions. Some of your answers may appear to overlap other questions on this application. Please read each question carefully and completely. Some of the questions will direct you to skip the following question(s), if your answer is "no." Please follow the instructions. Again, "yes" answers require the documentation mentioned above.

FEES:

OPTOMETRY INITIAL LICENSURE:

Application Fee:	\$250.00
Initial Licensure Fee:	\$300.00
Unlicensed Activity Fee:	\$5.00
TOTAL FEE:	\$555.00

UPGRADE OPTOMETRIST TO CERTIFIED OPTOMETRIST - ONLY: (Non-Certified Optometry only)

Application Fee:	\$ 250.00	Duplicate License Fee:	\$ 25.00
TOTAL FEE:			\$ 275.00

REQUIRED EXAMINATION INFORMATION:

As required by section 463.006(2), F.S., Rule 64B13-4.001, F.A.C establishes the following National Board of Examiners in Optometry (NBEO) examinations as the Florida Licensure Examination: **Part II (PAM – which includes the TMOD); Part III (including separate scores for the Clinical Skills examination); the Florida Practical Skills examination which includes the NBEO Part III skills of Biomicroscopy, Binocular Indirect Ophthalmoscopy and Dilated Biomicroscopy and Non-Contact Fundus Lens Evaluation skills) and is taken in conjunction with Part III; and Part IV (Florida Laws and Rules Examination.)** Pursuant to section 463.006(3), passing scores for all parts of the Florida Licensure Examination must have been achieved within the three (3) years preceding application for licensure, or within three (3) years following submission of the application.

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY (NBEO) SCORES:

Official NBEO Scores for parts I (ABS), II (PAM – which includes the TMOD), III (including separate scores for the Clinical Skills examination) and the Florida Practical Skills examination which includes Biomicroscopy, Binocular Indirect Ophthalmoscopy and Dilated Biomicroscopy and Non-Contact Fundus Lens Evaluation skills); and IV (Florida Laws and Rules) must be sent directly from National Board to this office. Again, please note that it is your responsibility to follow-up with NBEO to ensure that they have received and complied with your requests.

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY (NBEO) EXAMINATION PART I (APPLIED BASIC SCIENCES)

Pursuant to Rule 64B13-4.004(2), F.A.C., the Board requires all applicants to provide documentation of passage of the Part I (Applied Basic Sciences) portion of the examinations offered by NBEO. Documentation of passage of Part I is required to demonstrate the applicant is a graduate of a Florida Board of Optometry approved school or college of Optometry. Because Part I is not considered part of the Florida Licensure Examination, the three (3) year time periods for acceptance of examination scores is not applicable to Part I.

OPTOMETRY COLLEGE TRANSCRIPT:

A final official transcript stating the degree and date of confirmation must be sent directly from the optometry school/college to this office. Transcripts submitted by the applicant or indicating "issued to student" are not acceptable. A copy of your diploma is not acceptable. Please note that it is your responsibility to follow-up with your educational institutions to ensure that they have received and complied with your requests.

LICENSURE VERIFICATION:

The licensure verification forms included with this application package must be sent to each state or other licensing authority

where you currently hold or have held a license to practice, regardless of the status of the license. These forms must be sent directly from each state licensing agency to this office. Please note that it is your responsibility to follow-up with licensing agencies to ensure that they have received and complied with your requests. **A copy of your license will not be accepted in lieu of official verification from the licensing agency.**

OE TRACKER NUMBER: Please provide this number during your application process.

WEB SITE: You can also visit the board's web site for additional information at www.floridasoptometry.gov

PLEASE NOTE -- YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL SUPPORTING DOCUMENTS AND FEES HAVE BEEN RECEIVED BY THIS OFFICE and until an applicant demonstrates graduation from a Board approved school or college of optometry as specified in subsection 64B13-4.004(2). Pursuant to section 456.013(1), F.S., all incomplete applications expire one (1) year after initial filing.

Note: If an applicant has not been issued a Social Security number, the department may process the application. However, only a temporary license, which expires in 30 days, will be issued. Upon receipt of a Social Security number a new license will be issued.

If the package that you are mailing to the Board Office contains a cashier's check or money order, mail to:

DEPARTMENT OF HEALTH Post Office Box 6330 Tallahassee, Florida 32314-6330

If the package that you, or anyone on your behalf, is mailing to the Board Office does NOT contain a cashier's check or money order, mail to:

**Board of Optometry
4052 Bald Cypress Way, Bin #C07
Tallahassee, Florida 32399-3257**

FEDERAL PRIVACY ACT: 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, Sections 653 and 654; and sections 456.013, 409.257(7) and 409.259(8), F. S. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure 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 verification pursuant to, unless exempt as outlined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

Florida Department of Health Board of Optometry

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Name: _____
Last First Middle

Social Security Number: _____

APPLICANT HISTORY: (If you answer YES to the following questions, please provide additional sheets, the relevant dates and circumstances of such treatment and/or addiction along with the names and addresses of the medical practitioners or hospitals who performed such treatment.)

- 1. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? [] YES [] NO
2. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? [] YES [] NO
3. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder or that has impaired your ability to practice within the past five years? [] YES [] NO
4. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice? [] YES [] NO
5. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? [] YES [] NO
6. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice within the last five years? [] YES [] NO



APPLICATION FOR
LICENSURE AS CERTIFIED
OPTOMETRIST
(Client: 1801)

READ/DOWNLOAD APPLICATION INSTRUCTIONS FOR IMPORTANT INFORMATION

APPLICATION CATEGORY/APPLICABLE FEES:

(TYPE OR PRINT LEGIBLY IN BLACK INK)

- INITIAL LICENSURE: (1010) TOTAL: \$555.00
- UPGRADE OPTOMETRIST TO CERTIFIED OPTOMETRIST
(Non-Certified Optometry only) (1030) TOTAL: \$275.00

PROFILE DATA:

NAME: _____
(First) (Middle) (Last)

Have you changed your name through marriage or through action of a court, or have you been known by any other name? [] YES [] NO

If YES, list name(s) (Last, First, Middle) and Date(s) of changes

1. a. MAILING ADDRESS:

(Street and Number) (Apt. Number)

(City) (State) (Zip)

b. PRACTICE LOCATION:

(Street and Number) (Apt. Number)

(City) (State) (Zip)

c. TELEPHONE: () _____ () _____
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAILADDRESS: _____
(Email Notification: If you want to be notified of the status of your application by email please check the "YES" box and write your email address on the line provided above. If you choose this form of notification you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the board office MQA.Optometry@flhealth.gov. Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or electronic mail to our office. Instead contact the office by phone or in writing. [] YES [] NO

2. **PERSONAL DATA:**

BIRTH DATE: _____
(Month/Day/Year)

CITIZENSHIP: _____

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR 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.

RACE: Caucasian African-American/Black Hispanic Asian Native American Other

SEX: Male Female

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? YES NO

3. **APPLICANT EDUCATION AND TRAINING DATA:**

a. Optometric Education:

(Name of School(s) you attended)

b. Did you Graduate? YES NO Degree: _____ Year Graduated: _____

Have any parts of the Florida Licensure Examination, which includes the Florida Practical Examination, been taken within the three (3) years immediately preceding application? YES NO

4. **CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for the purposes of this question.

Yes No

If "YES", explain, attaching additional pages if necessary.

See the instructions for additional information.

5. **CRIMINAL HISTORY RELATING TO HEALTH CARE FRAUD:**

Applicants for licensure, certification or registration and candidates for examination who were arrested or charged with certain felonies before July 1, 2009 may be excluded from licensure, certification, or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

- a. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?
(If you responded NO, skip to b.) [] YES [] NO
1. If "yes" to a., for felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? [] YES [] NO
 2. If "yes" to a., for felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). [] YES [] NO
 3. If "yes" to a., for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? [] YES [] NO
 4. If "yes" to a., have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? [] YES [] NO
- b. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? [] YES [] NO
1. If "yes" to b., has it been more than 15 years before the date of application since the sentence and any subsequent period of probation of such conviction or plea ended?
- c. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **(If "No," do not answer c1.)** [] YES [] NO
1. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? [] YES [] NO
- d. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?
(If "No," do not answer d1. or d2.) [] YES [] NO
1. Have you been in good standing with a state Medicaid program for the most recent five years? [] YES [] NO
 2. Did the termination occur at least 20 years before to the date of this application? [] YES [] NO
- e. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? [] YES [] NO
6. Have you ever been arrested or criminally or civilly charged with any intentional or negligent action related to the use or misuse of drugs, alcohol, or illegal chemical substances? [] YES [] NO
 7. Have you ever been denied the right to take an Optometry Licensure Examination in any state? [] YES [] NO
 8. Have you ever been refused a license to practice optometry or any other license or the renewal thereof in any state? [] YES [] NO
 9. Have you had a license or certification of registration to practice optometry or any other licensed profession revoked, suspended or otherwise acted against (including probation, fine, reprimand or surrender of license) in a disciplinary proceeding in any state? [] YES [] NO
 10. Is there currently pending against you, in any jurisdiction, a complaint against your professional conduct or competence as an optometrist? [] YES [] NO

11. Have you served in the Armed Forces? [] YES [] NO

If yes, Enlistment Date _____ Separation Date _____ Type of Discharge _____

a. Have you ever been a defendant in a military court-martial? [] YES [] NO
(Do not include parking or speeding violations)

12. Do you now hold or have you held a license to practice optometry in any state, US territory or foreign country? [] YES [] NO

If yes,
State _____ License Number _____

13. Are you under investigation or prosecution for a crime in any jurisdiction? [] YES [] NO

14. Are you under investigation or pending administrative action by the licensing authority of any jurisdiction, including its agencies and subdivisions? [] YES [] NO

15. Are you currently, or have you ever been, registered with the United States Drug Enforcement Administration? [] YES [] NO
If yes, DEA Registration Number _____ [] Currently [] Formerly Registered

16. a. [] I am applying to take the Certified Optometrist Examination based on graduation from one of the following Board approved schools or colleges of optometry which has certified to the Board that graduates received at least 110 hours of approved coursework in general and ocular pharmacology, including clinical training, that has facilities for both didactic and clinical instructions in pharmacology; and that requires students to pass the NBEO Applied Basic Sciences (ABS) (Part I) Examination.

- [] University of Alabama [] Southern California College
- [] Nova Southeastern [] Inter-American University (Puerto Rico)
- [] Midwestern University Arizona [] Michigan College of Optometry
- [] Chicago College of Optometry [] Kentucky College of Optometry
- [] Southern College

b. [] I am applying to take the Certified Optometrist Examination based upon graduation from and completion of 110 hours of transcript quality coursework and clinical training in general and ocular pharmacology from a school or college approved by the Board and accredited by a regional or professional accrediting organization that is recognized and approved by the Commission of Recognition of Postsecondary Accreditation or the United States Department of Education, and that has facilities for both didactic and clinical instructions in pharmacology.

Name of Optometry school/college _____ Graduation Date _____

17.. I completed at least one (1) year of supervised experience in differential diagnosis of eye disease or disorders as part of the optometric training or in a clinical setting as part of the optometric experience at:

_____ Supervisor
Location of supervised experience

18. I have achieved a passing score on the NBEO Part I, Applied Basic Science (ABS) examination. [] YES [] NO
Date Passing Score Achieved _____

19. APPLICANT SIGNATURE:

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Department of Health any information, files and/or records requested by the Department in connection with the processing of this application. I further authorized the Department to release to the organization, individuals, and groups listed above any information which is material to my application. I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for licensure. Such supplement is required by Sections 456.072 and 456.067, Florida Statutes. Failure to do so may result in disciplinary action by the board, including the denial of licensure. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension or revocation of any license to practice, in the State of Florida, the profession for which I am applying. I understand the application fees are non-refundable.

I understand that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits. As a reminder to all applicants, please understand that Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

APPLICANT SIGNATURE: _____ DATE: _____



LICENSE VERIFICATION

INSTRUCTIONS TO THE APPLICANT:

1. Complete the information in Part I only.
2. This form must be returned by the state Board or agency which issued your license.
- 3.

PART I: TO BE COMPLETED BY APPLICANT

Name: _____ DOB: ___/___/___

Address: _____

Title of License: _____ License No: _____

PART II: TO BE COMPLETED BY THE STATE BOARD OFFICE

The individual listed above has applied for licensure in Florida as a Doctor of Optometry. Before further consideration is given to this application, we require the information requested on this form. The Board may submit their standard verification form in lieu of completing this form, as long as you indicate whether or not discipline has been taken against the license, and affix the Board seal. **Please return the requested information to: Florida Board of Optometry, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257**

Name: _____
 Title of License: _____
 Original Issue Date: _____
 License Number: _____
 State: _____

THIS LICENSE IS CURRENTLY:

Active Inactive Temporary Other (Explain)

THIS LICENSE WAS OBTAINED BY:

Examination Grandfathering Reciprocity/Endorsement

ACTION TAKEN AGAINST LICENSE:

No Disciplinary Action Taken Disciplinary Action Taken*

Signature: _____ Title: _____

Date: __ State Board: _____ **Please Affix Board Seal**

If disciplinary action has been taken against this licensee, please provide certified copies of documentation regarding any disciplinary actions directly to the Florida Board of Optometry.