



**STATE BOARD OF OPTOMETRY**  
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834  
 P (916) 575-7170 F (916) 575-7292 www.optometry.ca.gov



# APPLICATION FOR LICENSURE BY AN OUT OF STATE LICENSED OPTOMETRIST

Cashiering and Board Use Only			
Receipt #	Payor ID #	Beneficiary ID #	Amount

**FEE: \$275**

The following information is required under Sections 3044, 3045 & 3046 of the Business and Professions Code. All terms of information requested are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. The official responsible for the maintenance of this information is the Executive Officer. The information may be transferred to other interagency or intergovernmental agency, and/or enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency, unless the records are identified as exempt from access as provided in Section 1798.40 et seq. of the Information Practices Act of the Civil Code.

All applicants are subject to fingerprinting for criminal background checks. If you are having your prints taken in California, you must use a Live scan form. You can download this form from the Board's web-site or you can request this form by marking  the box titled "Live Scan Form." If you are having your prints taken outside of California, you must use a fingerprint card. If you need a fingerprint card, please mark  the box titled "Fingerprint Card".

Live Scan Form (California Only)       Fingerprint Card (Out of State)

PLEASE TYPE OR PRINT CLEARLY

1. Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____		
Other name/s used: _____		E-mail address: ( _____ )
2. Address: (NUMBER & STREET) _____		
(CITY) _____	(STATE) _____	(ZIP) _____ (TELEPHONE) _____
3. Date of Birth: (Mandatory) _____ mm / dd / yyyy		
4. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.		
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		(Mandatory)
5. Education: Name(s) of School(s) or College(s) of Optometry attended		
(NAME OF SCHOOL) _____		
(DATE ENTERED) _____		(DATE DEGREE CONFERRED) _____
6. Have you sat for the California Laws and Regulations Examination? If yes, please provide the month and year of test administration. _____ mm _____ yyyy <input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Please list the name, month and year of the examination administered to qualify you for licensure:

\_\_\_\_\_ mm/yyyy  
Name of Examination

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8. Please list all states in which you are licensed to practice optometry:

State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ ; State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_  
 State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ ; State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

**NOTE: A LETTER OF GOOD STANDING MUST BE SENT FROM EACH STATE BOARD IN WITH WHICH YOU ARE LICENSED DIRECTLY TO THE CALIFORNIA BOARD.**

9. Please indicate if you have ever had a license to practice optometry denied, suspended, or subject to disciplinary action

Yes  No (If you marked "Yes, provide full details including charge(s), where (state or territory) and final Disposition on separate piece of paper and attach to this application.)

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10. Please indicate if you, as a juvenile or adult, have ever been convicted of or plead nolo contendere to any violation of a U.S. statute, state statute or local ordinance, other than vehicle code offenses in which fines levied were less than \$50.00 (Convictions dismissed pursuant to Section 1203.4 of the Penal Code must be disclosed)

Yes  No (If you marked "Yes", provide the full details of each offense, including nature, location and date of final disposition. Submit on a separate piece of paper with this application.)

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11. Please indicate whether you have met the 5,000 hours of practice requirement set forth in section 3057 of the California Business and Professions Code in five of the seven consecutive years preceding the date of this application.

Yes  No (If "Yes", you must fill out the Certification of 5,000 Practice Hours form (LBC-4) and submit along with this application)

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12. Please indicate whether you have met TPA requirements set forth in section 3041.3 of the California Business and Professions Code.

Yes  No (If you marked "Yes", please refer to page two of the instructions for submitting documentation.)

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13. Please indicate whether you have met the minimum continuing education requirements set forth in section 3059 of the California Business and Professions Code for the current and preceding year.

Yes  No (If you marked "Yes", please refer to page two of the instructions for submitting documentation.)

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14. I declare under penalty of perjury under the laws of the State of California that the answers and information given by me in completing this application, and any attached sheets, are true and I understand and agree that any misstatements of material facts herein may be cause for the denial of this application or for subsequent suspension or revocation of a certificate of registration to practice optometry in California if one is granted to me. I further declare that my signature on this application authorizes the National Practitioner Data Bank, the Federal Drug Enforcement Agency, and any other law enforcement agency or jurisdictional entity to release any and all information required by the California Board of Optometry.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOS MUST HAVE BEEN TAKEN WITHIN THE LAST SIX MONTHS  
USE TAPE DO NOT STAPLE**

