



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 AS AN OPTOMETRIST

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

APPLICANTS FOR LICENSURE WHO GRADUATED FROM AN ACCREDITED SCHOOL OR COLLEGE OF OPTOMETRY ON OR AFTER MAY 1, 2008 ARE ELIGIBLE FOR LICENSURE IN THE STATE OF CALIFORNIA AS A LICENSED OPTOMETRIST WITH CERTIFICATION TO USE THERAPEUTIC PHARMACEUTICAL AGENTS (TPA); CERTIFICATION TO PERFORM LACRIMAL IRRIGATION AND DILATION (TPL); AND CERTIFICATION TO DIAGNOSE AND TREAT PRIMARY OPEN ANGLE GLAUCOMA (TLG).

PLEASE READ THOROUGHLY, THE ENCLOSED **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR OPTOMETRIST LICENSE** BEFORE YOU BEGIN TO COMPLETE THE APPLICATION FORM. MAKE YOUR CHECK PAYABLE TO THE BOARD OF OPTOMETRY. PLEASE NOTE THAT THE REQUIRED FEE IS AN EVALUATION/PROCESSING FEE THAT IS NON-REFUNDABLE. PLEASE ALLOW 6 – 8 WEEKS FOR PROCESSING.

Total Fee Required \$360.00

Fee Itemization:
 License Application Fee \$275.00
 TPA Certification Fee \$25.00
 TPL Certification Fee \$25.00
 TPG Certification Fee \$35.00

Please type or print clearly.

SOCIAL SECURITY NUMBER □□□-□□-□□□□	DATE OF BIRTH (MONTH/DATE/YEAR) □□/□□/□□□□
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NAME (LEGAL NAME ONLY)

_____ (LAST) _____ (FIRST) _____ (MIDDLE)

Other name(s) you are known by: _____

ADDRESS:

_____ (STREET)	_____ (CITY)	_____ (STATE)	_____ (ZIP CODE)
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PHONE NUMBER (____) _____ CELL PHONE NUMBER (____) _____

EMAIL ADDRESS: _____

EDUCATION: _____	DATE DEGREE CONFERRED (MONTH/DATE/YEAR) □□/□□/□□□□
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NAME OF SCHOOL/COLLEGE OF OPTOMETRY _____

LOCATION OF SCHOOL _____

_____ (CITY) _____ (STATE) _____ (COUNTRY)

HAVE YOU SUCCESSFULLY COMPLETED (PASSED) ALL SECTIONS (PARTS I, II, III) OF THE NBEO EXAMINATION? Yes No

PLEASE PROVIDE THE MONTH AND YEAR THAT YOU COMPLETED EACH OF THE EXAMINATIONS.

PART I (BASIC SCIENCE) _____ (MONTH) _____ (YEAR) PART II (CLINICAL SCIENCE) _____ (MONTH) _____ (YEAR)

PART III (PATIENT CARE) _____ (MONTH) _____ (YEAR)

HAVE YOU SUCCESSFULLY COMPLETED (PASSED) THE CALIFORNIA LAW EXAMINATION? Yes No
PLEASE PROVIDE THE MONTH AND YEAR THAT YOU COMPLETED THE EXAMINATION. _____
(MONTH) (YEAR)

HAVE YOU PREVIOUSLY APPLIED FOR LICENSURE TO PRACTICE OPTOMETRY IN CALIFORNIA? YES NO
IF YES, PLEASE PROVIDE THE MONTH AND YEAR OF THE APPLICATION: _____
(MONTH) (YEAR)

DO YOU NOW OR HAVE YOU EVER HELD A LICENSE TO PRACTICE OPTOMETRY IN ANY OTHER STATE?
IF YES, PLEASE LIST EACH STATE AND LICENSE NUMBER BELOW: YES NO

(State) (License #) (State) (License #) (State) (License #)

Important Notice: A letter of good standing must be sent directly to the California Board of Optometry from each State Licensing Board where you have held or currently hold a license.

HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? YES NO

If YES, attach your detailed explanation of the circumstance surrounding the arrest/conviction or disciplinary proceedings taken by another state or governmental agency and attach any documentation (i.e., arrest report/court documents/accusations) that you may have.

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY? YES NO

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th Birthday. You may omit traffic infractions under \$300 that did not involve alcohol, dangerous drugs, or controlled substances.

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Signature of Applicant

Date

ATTACH ONE 2 X 2 COLOR PHOTOGRAPH TAKEN OF YOU WITHIN THE LAST 60 DAYS.

ATTACH COLOR PHOTO
HERE

PHOTO IS TO BE HEAD
AND SHOULDERS ONLY
And of
PASSPORT QUALITY