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(916) 575-7170, (916) 575-7292 Fax  
[www.optometry.ca.gov](http://www.optometry.ca.gov)

**To:** Board Members **Date:** November 4, 2016  
**From:** Appointment Committee **Telephone:** (916) 575-7170  
**Subject: Agenda Item 11 – Update on RDO Advisory Committee**

As previously reported, during the May 2016 Board meeting, the Board provided input on the Dispensing Optician Committee (DOC) Interest Form, process and distribution methods.

The approved form (Attachment 1) was emailed to interested parties encouraging highly qualified candidates to apply (Attachment 2). Board Members were also encouraged to use their various public outreach networks to distribute the form and solicit interest. Board staff hand delivered the form, accompanied with a letter from the Board President (Attachment 3), to members of the legislature and the Governor's Appointments Office. In addition, the letter and form was mailed to all registered dispensing opticians, spectacle lens dispensers, and contact lens dispensers.

The application deadline was August 12, 2016. However, no applications were received from the public by the deadline. As of October 19, 2016, the Board received one application from the public. Therefore, the Appointments Committee developed a public outreach strategy to recruit business professionals interested in serving state government.

The Committee re-focused the messaging to appeal to public professionals. The new strategy included working more closely with the Governor's Appointments Office to identify individuals who are interested in public service, teaming with the DCA Publication Office to create a publicly enticing flyer that accompanies the application and broadening the public outreach.

This includes reaching out to the following groups:

- Women Corporate Directors
- Association of Environmental Professionals
- Women in Transportation Seminar
- Consulting Engineers and Land Surveyors of California
- American Institute of Architects
- California State Bar
- National Association of Corporate Directors, LA/Orange County, Bay Area, etc. chapters

The flyer will be approved for distribution shortly. At that time, Board Members will be encouraged to utilize their various public outreach networks to assist in reaching qualified candidates.

The Committee anticipates holding candidate interviews prior to the January Board meeting.

**Attachments:**

1. Board approved form
2. Interested Parties Email
3. Cover Letter from the Board President



**STATE BOARD OF OPTOMETRY**  
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## Dispensing Optician Committee Interest Form

Thank you for your interest in the California State Board of Optometry (Board) Dispensing Optician Committee (DOC). Pursuant to [Assembly Bill 684](#), the Registered Dispensing Optician Program and its registrants are now under the authority of the Board. AB 684 established the DOC to advise and make recommendations to the Board regarding the regulation of dispensing opticians.

The Board seeks expressions of interest to fill the positions on this newly established advisory committee consisting of 5 members: 2 registered dispensing opticians and 2 public members and a Board Member.

To be considered, please submit this DOC Expression of Interest Form and a current resume/curriculum vitae to the address below or email to [Optometry@dca.ca.gov](mailto:Optometry@dca.ca.gov) no later than **August 12, 2016** at 5 pm PST.

**California State Board of Optometry**  
2450 Del Paso Road, Suite 105  
Sacramento, CA 95834  
FAX: (916) 575-7292

You may also include personal, professional, and organizational letters of recommendation (not to exceed three letters).

**Time and Travel Commitment:** The DOC is mandated to meet a minimum of twice per year; however, it is anticipated the DOC will need to meet more frequently during the first few years. DOC members will need to travel to Northern and Southern California. Members are eligible to receive a \$100 per diem for DOC participation.

*If you have any questions, please contact the RDO Program at (916) 575-7186.*

### Type or Print Legibly **PERSONAL INFORMATION**

<b>1. Legal Name</b>	Last	First	Middle
<b>2. Position Sought</b>	<input type="checkbox"/> Registered Dispensing Member <input type="checkbox"/> Public Member		
<b>3. Are you willing to waive per diem?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4. Residence Address</b>			
Street	City	State	Zip Code Country
<b>5. Business Address</b>			
Street	City	State	Zip Code Country
<b>6. Telephone Numbers</b>	Home #	Work #	Cell #
<b>7. E-Mail Address</b>			

### **EDUCATIONAL HISTORY**

**8. Please provide your complete educational history starting with the most recent. Dates can be approximate. (Leave Blank if there is no history)**

College/Law School Attended	Degree Received	City	Major	Date Degree Conferred

## WORK HISTORY

**9. Please provide your complete professional work history, starting with the most recent. Be sure to include any past gubernatorial appointments. Dates can be approximate**

<b>Name of Employer</b>				<input type="checkbox"/> OK to contact
<b>Title</b>			From (MM/DD/YYYY)	To (MM/DD/YYYY)
<b>Address</b>				
Street	City	State	Zip Code	Country
<b>Type of Business</b>		<b>Type of Partnership</b>	<input type="checkbox"/> Full Partner <input type="checkbox"/> Partnership <input type="checkbox"/> N/A	
<b>Supervisor Name</b>		<b>Supervisor Phone</b>		
<b>Summary of Job Duties</b>				
<b>Name of Employer</b>				<input type="checkbox"/> OK to contact
<b>Title</b>			From (MM/DD/YYYY)	To (MM/DD/YYYY)
<b>Address</b>				
Street	City	State	Zip Code	Country
<b>Type of Business</b>		<b>Type of Partnership</b>	<input type="checkbox"/> Full Partner <input type="checkbox"/> Partnership <input type="checkbox"/> N/A	
<b>Supervisor Name</b>		<b>Supervisor Phone</b>		
<b>Summary of Job Duties</b>				
<b>Name of Employer</b>				<input type="checkbox"/> OK to contact
<b>Title</b>			From (MM/DD/YYYY)	To (MM/DD/YYYY)
<b>Address</b>				
Street	City	State	Zip Code	Country
<b>Type of Business</b>		<b>Type of Partnership</b>	<input type="checkbox"/> Full Partner <input type="checkbox"/> Partnership <input type="checkbox"/> N/A	
<b>Supervisor Name</b>		<b>Supervisor Phone</b>		
<b>Summary of Job Duties</b>				

<b>Name of Employer</b>				<input type="checkbox"/> OK to contact	
<b>Title</b>			From (MM/DD/YYYY)	To (MM/DD/YYYY)	
<b>Address</b>					
Street	City	State	Zip Code	Country	
<b>Type of Business</b>		<b>Type of Partnership</b>		<input type="checkbox"/> Full Partner <input type="checkbox"/> Partnership <input type="checkbox"/> N/A	
<b>Supervisor Name</b>		<b>Supervisor Phone</b>			
<b>Summary of Job Duties</b>					
<b>Name of Employer</b>				<input type="checkbox"/> OK to contact	
<b>Title</b>			From (MM/DD/YYYY)	To (MM/DD/YYYY)	
<b>Address</b>					
Street	City	State	Zip Code	Country	
<b>Type of Business</b>		<b>Type of Partnership</b>		<input type="checkbox"/> Full Partner <input type="checkbox"/> Partnership <input type="checkbox"/> N/A	
<b>Supervisor Name</b>		<b>Supervisor Phone</b>			
<b>Summary of Job Duties</b>					
<b>Name of Employer</b>				<input type="checkbox"/> OK to contact	
<b>Title</b>			From (MM/DD/YYYY)	To (MM/DD/YYYY)	
<b>Address</b>					
Street	City	State	Zip Code	Country	
<b>Type of Business</b>		<b>Type of Partnership</b>		<input type="checkbox"/> Full Partner <input type="checkbox"/> Partnership <input type="checkbox"/> N/A	
<b>Supervisor Name</b>		<b>Supervisor Phone</b>			
<b>Summary of Job Duties</b>					

**PROFESSIONAL LICENSES & CERTIFICATES**

10. List all licenses/certificates you have received. Include dates. Leave blank if none.

License/Certificate Name			
Details		Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
License/Certificate Name			
Details		Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
License/Certificate Name			
Details		Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

**ORGANIZATIONS AND SOCIETY MEMBERSHIPS**

11. List all current organizations and societies of which you are a member. Include dates. Leave blank if none.

Name			
Details		From (MM/DD/YYYY)	To (MM/DD/YYYY)
Name			
Details		From (MM/DD/YYYY)	To (MM/DD/YYYY)
Name			
Details		From (MM/DD/YYYY)	To (MM/DD/YYYY)

**MISCELLANEOUS**

12. Have you ever been a registered lobbyist or have you lobbied at any government?  Yes  No

If yes, please explain. Include Dates.

13. Do you own real property, personal property, financial holdings or receive income from any source which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment?  Yes  No

If yes, please explain. Include Dates.

13. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?  Yes  No

If yes, please explain. Include Dates.

**EXPRESSION OF INTEREST**

**14. Please explain why you wish to serve on the Dispensing Opticians Committee.**

**15. Please explain your experience working on a committee.**

**16. Do you have any time commitments that will impact your ability to attend DOC meetings that may be in person or via conference call held at a public space and meet all Bagley-Keene Open Meeting Act Public Noticing Requirements?**

Yes  No

If yes, please explain

**SIGNATURE**

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

[Consumers](#)[Applicants](#)[Licensees](#)[About Us](#)

## Dispensing Optician Committee – Open Positions

The California State Board of Optometry (Board) is looking for highly qualified candidates for the newly created Dispensing Optician Committee (DOC). This advisory committee will consist of 5 members: 2 registered dispensers, 2 public members and a member of the Board. The DOC will advise and make recommendations to the Board regarding the regulation of the Registered Dispensing Optician Program within the Board. This program consists of registered dispensing opticians, contact lens dispensers, spectacle lens dispensers and non-registered contact lens dispensers.

The committee members will have the opportunity to work with registered dispensers, Board Members and other civic leaders from around the state. Civic engagement promotes successful and satisfying impact on the health and welfare of California. Being a DOC member is a great way to strengthen consumer protection by assisting in the regulation of registered dispensers.

To be considered for the DOC, interested applicants must mail, email, or fax the [DOC Expression of Interest Form](#) and a current resume/curriculum vitae to:

**California State Board of Optometry**  
**2450 Del Paso Road, Suite 105**  
**Sacramento, CA 95834**  
[optometry@dca.ca.gov](mailto:optometry@dca.ca.gov)  
Fax: 916-575-7292

Please submit the form no later than **August 12, 2016** at 5 pm PST. The interested applicant may also include personal, professional, and organizational letters of recommendation (please no more than three total letters). If you have any questions, please contact the RDO Program at (916) 575-7186.





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June 29, 2016

Assembly member XXX  
California State Assembly  
Room 5175  
Sacramento, CA 95814

**RE: Dispensing Optician Committee – Open Positions**

Dear Assembly member XXX,

The California State Board of Optometry is looking for highly qualified candidates for the newly created Dispensing Optician Committee. This advisory committee will consist of consisting of 5 members: 2 registered dispensing opticians and 2 public members and a member of the Board of Optometry. The Dispensing Optician Committee will advise and make recommendations to the Board of Optometry regarding the regulation of dispensing opticians.

The committee members will have the opportunity to meet and work with licensed dispensing opticians, members of the Board of Optometry and other civic leaders from around the state. Civic engagement promotes successful and satisfying impact on the health and welfare of California. Being a member of the Committee is a great way to strengthen consumer protection by assisting in the regulation of dispensing opticians.

To be considered for the committee, the interested applicants are asked to please submit the DOC Expression of Interest Form, found at [http://www.optometry.ca.gov/formspubs/doc\\_interestform.pdf](http://www.optometry.ca.gov/formspubs/doc_interestform.pdf) and a current resume/curriculum vitae to California State Board of Optometry 2450 Del Paso Road, Suite 105 Sacramento, CA 95834 or email to [Optometry@dca.ca.gov](mailto:Optometry@dca.ca.gov) no later than August 12, 2016 at 5 pm PST. The interested applicant many also include personal, professional, and organizational letters of recommendation.

Please pass the information about Dispensing Optician Committee under the California State Board of Optometry to your constituents. If you have any questions, please contact the RDO Program at (916) 575-7186.

Sincerely,

A handwritten signature in blue ink, appearing to read "Madhu Chawla".

Dr. Madhu Chawla, OD  
Board President  
California State Board of Optometry