



**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



## Conviction – Discipline Statement

**PLEASE NOTE:** This form is an addition to the Renewal of an Optometrist License and Self-Certification of Continuing Education Form which was added as a requirement in January 1, 2009 pursuant to Business and Professions Code Section 490. If your license renewal is on a temporary “Hold” because the following conviction-discipline statement has not been signed, PLEASE READ THE INSTRUCTIONS BELOW BEFORE ANSWERING.

### IMPORTANT INFORMATION

**INSTRUCTIONS:** Check the box next to “YES” if, since your last renewal, you have had any license disciplined by a government agency or you have been convicted or plead guilty to any crime. “Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. “License” includes permits, registrations, and certificates. “Discipline” includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restriction.

Check the box next to “NO” if since your last renewal you have not had a license disciplined by another government agency and you have not been convicted of a crime.

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the USA and its territories, military court or a foreign country?

YES

NO

I certify, under penalty of perjury under the laws of the State of California that the forgoing information is true and correct.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 License #

\_\_\_\_\_  
 License Expiration Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### Sign and return or fax this form to:

2450 Del Paso Road, Suite 105  
 Sacramento, California 95834  
 Fax: (916) 575-7292