



## **Dispensing Optician Committee (DOC) Appointment Questionnaire**

Instructions: Please complete all sections. Attach your résumé/CV and any supporting documents. If a question asks “Yes/No,” select one and, if “Yes,” provide an explanation. Incomplete forms may delay processing.

### **1) Position Sought (select one):**

- Registered Dispensing Optician (RDO)
- Registered Spectacle Lens Dispenser (SLD)
- Registered Contact Lens Dispenser (CLD)
- Public Member
- Licensed Optometrist

### **2) Qualifications**

Briefly explain your qualifications for the position selected (please provide your license number, if applicable):

---

---

## **APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **CURRENT PROFESSIONAL WORK**

Professional Title: \_\_\_\_\_

Business/Firm/Office Name: \_\_\_\_\_



Business Address Line 1: \_\_\_\_\_

Business Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Summary of Job Duties:

---

---

Organizations / Society Memberships / Volunteer Service:

---

---

### **MILITARY SERVICE**

Have you served in the U.S. Armed Forces?  Yes  No

If Yes: Branch \_\_\_\_\_ Rank \_\_\_\_\_ State of Service \_\_\_\_\_

Service Dates (From-To): \_\_\_\_\_ - \_\_\_\_\_

Explain duties/awards (optional):

---

### **PRIOR PUBLIC SERVICE**

Have you ever served on a board, commission, committee, or council for the California Department of Consumer Affairs or any other California state agency?

Yes  No

If Yes, list the body, role, and dates:

---

### **LOBBYING**

Have you ever been registered to lobby or lobbied at any level of government?



Yes  No

If Yes, explain (jurisdiction, dates, subjects):

---

#### **ETHICS / DISCIPLINE / COMPLAINTS**

Have you ever been formally disciplined, 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, explain:

---

#### **LITIGATION / ADMINISTRATIVE / LEGISLATIVE PROCEEDINGS**

Have you ever been involved in civil litigation or administrative or legislative proceedings of any kind, either as plaintiff, defendant, respondent, witness, or party of interest?

Yes  No

If Yes, explain:

---

#### **CRIMINAL HISTORY**

Have you ever been convicted of a violation of any federal, state, county, or municipal law, regulation, or ordinance (do not include traffic violations for which a fine of \$500 or less was imposed)?

Yes  No

If Yes, explain (offense, date, jurisdiction, disposition):

---

#### **CURRENT INVESTIGATION**

Are you currently under federal, state, or local investigation for possible violation of a criminal law or ordinance?



Yes  No

If Yes, explain:

---

### **POLITICAL ACTIVITY**

Have you ever run for political office, served on a political committee, or been publicly identified with a particular political organization, candidate, or issue?

Yes  No

If Yes, explain:

---

### **POTENTIAL OPPOSITION**

Do you know anyone who might take steps to oppose your appointment?

Yes  No

If Yes, explain:

---

### **BACKGROUND CONCERNS**

Is there anything in your background that, if made known to the general public through your appointment, would cause embarrassment to you, the Department of Consumer Affairs, or the California State Board of Optometry?

Yes  No

If Yes, explain:

---

### **CONFLICTS OF INTEREST**

Do you own real property, personal property, financial holdings, or receive income from any source related to the position you are applying for that may present a potential conflict of interest or the appearance of a conflict?



Yes  No

If Yes, explain (include entity names and nature of interest):

---

---

### **STATEMENT OF INTEREST**

Please provide a brief statement on why you would like to serve on the DOC:

---

---

### **ATTACHMENTS** (check all included)

- Résumé/CV  Letters of recommendation (optional)  
 Additional disclosures (attach)

### **CERTIFICATION AND ACKNOWLEDGMENT**

I certify under penalty of perjury that the information provided in this questionnaire is true and correct to the best of my knowledge. I understand that false or misleading information may be grounds for disqualification or removal.

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

Printed Name: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

### **SUBMISSION**

Please submit your completed questionnaire and attachments to:

[Optometry@dca.ca.gov]

Subject Line: DOC Appointment Questionnaire – [Your Last Name]