



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]