



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



Request for Reissue of Licenses With TPL, TPG or TLG Certification

FEE: \$25 per license

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

Instructions: This form is to be completed by those licensees who wish to request reissued licenses because of the recent certification changes that took effect on January 1, 2009, due to the expansion to California-licensed optometrist's scope of practice. **NOTE: If you are requesting renewal wall/pocket licenses or an engraved wall certificate that includes the certification update(s), please enclose your existing licenses or certificate with this form.**

Authority: The provisions of Business and Professions Code §3041 now allow any therapeutic pharmaceutical agent (TPA) – certified California-licensed optometrist who graduated from an accredited school or college of optometry on or after May 1, 2000 to be certified to perform lacrimal irrigation and dilation (TPL) for patients over 12 years of age, excluding probing of the nasal lacrimal tract. TPA-certified California-licensed optometrists who graduated from an accredited school or college of optometry on or after May 1, 2008 will be automatically certified to perform lacrimal irrigation and dilation for patients over 12 years of age, excluding probing of the nasal lacrimal tract and treat glaucoma (TLG) as defined under specified certification standards.

Please Print or Type

1.	Applicant Information:
	<div> <div>Last</div> <div>First</div> <div>OPT License #</div> </div> <div> <div>Business Phone #</div> <div>Cell Phone #</div> <div>E-mail Address</div> </div>
2.	Principal Place of Practice Address:
	<div>Business Name</div> <div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> </div> <p>Please Note: This application does not change your Principal Place of Practice address. If you need to change your address, go to www.optometry.ca.gov to obtain an "Optometrist Notification of Change of Address for Place of Practice" form. Please attach it to this application with the \$25 processing fee.</p>
3.	Type of License Being Requested:
	<div> <div><input type="checkbox"/> TPL</div> <div><input type="checkbox"/> TPG</div> <div><input type="checkbox"/> TLG</div> </div> <div> <div><input type="checkbox"/> Reissue Renewal Wall & Pocket Licenses</div> <div><input type="checkbox"/> Reissue 8 ½ X 11" Engraved Wall Certificate</div> </div>
4.	Certification:
	<p><i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p> <div> <div>Signature of License Holder</div> <div>Date</div> </div>

**ENCLOSE YOUR EXISTING LICENSES OR CERTIFICATE WITH THIS FORM OR
YOUR REQUEST WILL NOT BE PROCESSED.**