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To: Dispensing Optician Committee Members **Date:** November 2, 2017

From: Jessica Sieferman **Telephone:** (916) 575-7184
Executive Officer

Subject: **Agenda Item 6 – Update, Discussion and Possible Action Regarding Amendments to RDO Program Applications for Registration and Suggested Regulations; Recommendation to Full Board**

At its August 2017 meeting, the DOC discussed the issue of the perceived requirement that a “valid relationship” between a registered dispensing optician (RDO), spectacle lens dispenser (SLD), and/or a contact lens dispenser (CLD) exists; namely, that, for a SLD/CLD registration to be considered “valid,” it must be tied to a current and valid RDO registration and vice versa. Materials for that agenda item can be found [here](#).

The DOC agreed with legal counsel’s recommendation to remove the “coupling” requirement from the applications and adopt regulations to incorporate the applications by reference. The DOC recommended the Board allow processing the applications without the related fields. In addition, the DOC directed staff to prepare the necessary applications and regulations for DOC review at its next meeting.

During the September meeting, the DOC and members of the public reviewed and provided feedback on the applications. Based on the feedback, staff made the following edits:

- Fee Schedule (All Applications): A concern was raised that the application/registration fee section was confusing. As such, the registration fee was removed from the list and added to the italicized disclaimer in the table.
- Criminal Records Section (All Applications): Another concern raised was that this section was poorly written and draconian. Edits were made consistent with what optometry applications ask for (prior language was from the old RDO applications). In addition, redundant sections were removed since instructions already say to use another sheet if there are additional partners.
- Fingerprints (NCLS/RDO Applications): A member from the public provided feedback that corporations would like to know up front if fingerprints are necessary, rather than finding out after applying on the proposed case-by-case basis. Thus, edits were made to this section to mirror how the Board of Pharmacy requests fingerprints for the facility registrations.

Please review the attached applications. If approved, please recommend sending to the Board for consideration.

Attachments

1. Proposed Applications

REGISTERED DISPENSING OPTICIAN (RDO) APPLICATION

Fee Schedule	
<i>The application fee is a non-refundable processing fee. Make checks payable to the California State Board of Optometry. Upon approval of your application, there will be a \$200.00 registration fee.</i>	
Application	\$150

****Shorten the processing time – Apply online at www.BreEZe.ca.gov****

Minimum Requirements:

- Applicable Fee(s)
- Completed Application
- Articles of Incorporation and list of officers (if applicable)
- Fingerprints*:
 - Live Scan Form (CA Only), or
 - Two (2) Fingerprint Cards (\$49 DOJ/FBI Fee)

*California resident individual applicants must complete the Live Scan fingerprint process. A copy of the completed *Request for Live Scan Service* form must be submitted with your application. Out of state residents may submit two completed fingerprint cards or visit a California Live Scan facility. *Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees.* All personal data must be completed on the fingerprint cards. A registration will not be issued until fingerprint results have been received from the Department of Justice and the Federal Bureau of Investigation. Each individual of a sole proprietorship, each partner of a partnership, each corporate officer and major shareholder for a corporation, and each member of a limited liability company are required to submit fingerprints.

Type or Print Legibly		APPLICANT INFORMATION		
Legal Name of Applicant				
DBA or California Business Name				
The Applicant is: (Check only one box)		<input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Social Security Number/Individual Taxpayer Information Number:				
Federal Employer Identification Number (Req. for Partnership):				
Address of Record (AOR)				
Your AOR is the physical business location listed on the registration and is public information.				
Street	City	State	Zip Code	Country
Physical Mailing Address				
The physical mailing address is confidential and only used for Board administrative purposes. If provided below, all official Board mail will be sent to the mailing address in lieu of the AOR.				
Street	City	State	Zip Code	Country
Designated Employee				
The designated employee is responsible for handling customer or Board inquiries and complaints with respect to the business.				
Name	Address		Telephone #	
E-Mail Address:				
FOR INDIVIDUAL (SOLE PROPRIETER) OR PARTNERSHIP (To be completed by each owner/partner)				
<i>Attach separate sheets if necessary</i>				
Name	Address		Telephone #	
E-Mail Address:				

Are you currently serving in, or have previously served in, the military? Yes No

If applicable, date honorably discharged:

Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?
Yes No

IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY

CRIMINAL RECORD HISTORY

Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.

For each conviction disclosed, please attach a detailed explanation of the circumstances surrounding the arrest/conviction and attach any documentation (i.e., arrest report/court documents/accusations) that you may have.

Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or its territories? <i>(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th Birthday. You may omit traffic infractions with a base fine under \$300 that did not involve alcohol, dangerous drugs, or controlled substances.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare, under penalty of perjury under the laws of California, that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: _____ Title: _____ Date: _____

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to the practice of a registered dispensing optician, including California Business and Professions Code, Chapter 5.4 (starting at section 2540), and Chapter 5.5 of Division 2, Article 1.5 (starting at section 2550).

FOR CORPORATIONS (To be completed by Corporation President or Secretary)
 Attach a copy of the Articles of Incorporation, a list of officers, and a list of all people who own or control 25% or more of the stock or interest in the corporation or any other person who exercises substantial control over the applicant's management or business practices. For each person, provide their name, title, percentage of ownership and/or nature of interest.

Name	Address	Telephone #

E-Mail Address:

I declare, under penalty of perjury under the laws of California, that I am the officer of the corporation indicated above, and as such, further declare for and on behalf of said corporation that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: _____ Title: _____ Date: _____

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to the practice of a registered dispensing optician, including California Business and Professions Code, Chapter 5.4 (starting at section 2540), and Chapter 5.5 of Division 2, Article 1.5 (starting at section 2550).

IMPORTANT REMINDERS

- Registrations expire biennially and must be renewed at www.BreEZe.ca.gov.
- Registered Dispensing Opticians are required to report co-locations with optometrists to the Board. If you are co-located with an optometrist, please report the co-location to the Board at www.BreEZe.ca.gov.
- Registered Dispensing Opticians, optometrists, optical companies or health plans may have a landlord-tenant relationship if all requirements under BPC § 655 are met.

PERSONAL INFORMATION COLLECTION AND ACCESS

All terms of information requested are mandatory. The information provided in this form will be used by the California Board of Optometry to determine qualifications for a registered dispensing optician registration. Business and Professions Code (BPC) sections 27, 141, 480, and 2550 through 2564.6 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to other government agencies and/or law enforcement agencies, as may be necessary to permit the Board of Optometry, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number or individual identification number is mandatory and collection is authorized by BPC sections 30 and 31. The State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board of Optometry. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid. Your name and address of record listed on this application will be disclosed to the public upon request through license verification on the Board of Optometry website, if and when you become licensed per BPC section 27. The Executive Officer of the Board of Optometry is responsible for maintaining the information in this application.

SPECTACLE/CONTACT LENS DISPENSER APPLICATION

Fee Schedule	
<i>The application fee is a non-refundable processing fee. Make checks payable to the California State Board of Optometry. Upon approval of your application, there will be a \$200.00 registration fee for each registration.</i>	
SLD Application	\$150
CLD Application	\$150

****Shorten the processing time – Apply online at www.BreEZe.ca.gov****

Please indicate what registration(s) you are applying for:

- Spectacle Lens Dispenser (SLD)
- Contact Lens Dispenser (CLD)

Minimum Requirements:

- Applicable Fee(s)
- Completed Application
- ABO and/or NCLE Scores (*Directly from American Board of Opticianry*)
- Fingerprints*:
 - Live Scan Form (CA Only), or
 - Two (2) Fingerprint Cards (*\$49 DOJ/FBI Fee*)

*California resident applicants must complete the Live Scan fingerprint process. A copy of the completed *Request for Live Scan Service* form must be submitted with your application. Out of state residents may submit two completed fingerprint cards or visit a California Live Scan facility. *Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees.* All personal data must be completed on the fingerprint cards. A registration will not be issued until fingerprint results have been received from the Department of Justice and the Federal Bureau of Investigation.

Type or Print Legibly		PERSONAL INFORMATION			
1. Legal Name	Last	First	Middle		
2. Other Names/Aliases Used					
3. Social Security Number/Individual Taxpayer Identification Number			4. Date of Birth (mm/dd/yyyy)		
5. Address of Record (AOR)	Your AOR is public information. Your AOR may be a Post Office (PO) box number or alternate address, instead of your home address.				
Street	City	State	Zip Code	Country	
6. Physical Mailing Address	If you chose a PO Box or alternate address above, please provide a physical address for the Board's internal administrative use and not for public disclosure. A PO box may not be listed in this section.				
Street	City	State	Zip Code	Country	
7. Telephone Numbers	Home #	Work #	Cell #		
8. E-Mail Address					
9. Have you previously held a California Contact Lens Dispenser Registration? If yes, please provide the registration number: _____ Expired: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Have you previously held a California Spectacle Lens Dispenser Registration? If yes, please provide the registration number: _____ Expired: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Are you currently serving in, or have previously served in, the military? If applicable, date honorably discharged: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>12. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders? IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EXAMINATIONS

13. List the following examinations you have passed:	
Examination	Date (mm/yyyy)
American Board of Opticianry	
National Contact Lens Examination	

OTHER STATE REGISTRATIONS

<p>14. Have you ever held, or do you currently hold a registration/license to fit, adjust and/or dispense spectacle or contact lenses in any U.S. State or U.S. territory? If yes, list information below. <i>(List others on a separate piece of paper if needed.)</i></p> <p>REQUIRED: A LETTER OF GOOD STANDING MUST BE SENT DIRECTLY FROM EACH STATE BOARD TO THE CALIFORNIA STATE BOARD OF OPTOMETRY</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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State	Registration Number	Issue Date	Expiration Date

DISCIPLINARY HISTORY

These questions refer to discipline by any Military or Public Health Service, State Board, or other Governmental Agency of any U.S. state or territory. For each "yes" response, you must submit a descriptive explanation of the circumstances surrounding the discipline and copies of any documentation (e.g., Accusation, Disciplinary Order) you may have.

15. Have you ever been denied a dispensing registration/license or any other healing arts license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever had a dispensing registration/license or any other healing arts license suspended, revoked, or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever surrendered a dispensing registration/license or any other healing arts license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL RECORD HISTORY

Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.

For each conviction disclosed, please attach a detailed explanation of the circumstances surrounding the arrest/conviction and attach any documentation (i.e., arrest report/court documents/accusations) that you may have.

<p>18. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or its territories? <i>(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th Birthday. You may omit traffic infractions with a base fine under \$300 that did not involve alcohol, dangerous drugs, or controlled substances.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

21. I declare, under penalty of perjury under the laws of California, that the answers and information submitted on this form and any accompanying attachments are true, complete, and correct.

Applicant Signature: _____ Date: _____

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to the practice as a spectacle or contact lens dispenser. Reference California Business and Professions Code, Chapter 5.4 (starting at section 2540), and Chapter 5.5 of Division 2, Article 1.5 (starting at section 2559.1) and Article 2 (starting at section 2560).

PERSONAL INFORMATION COLLECTION AND ACCESS

All terms of information requested are mandatory. The information provided in this form will be used by the California Board of Optometry to determine qualifications for spectacle and/or contact lens dispensing registration(s). Business and Professions Code (BPC) sections 27, 141, 480, and 2559.1 through 2564.6 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to other government agencies and/or law enforcement agencies, as may be necessary to permit the Board of Optometry, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number or individual taxpayer identification number is mandatory and collection is authorized by BPC sections 30 and 31. The State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board of Optometry. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid. Your name and address of record listed on this application will be disclosed to the public upon request through license verification on the Board of Optometry website, if and when you become licensed per BPC section 27. The Executive Officer of the Board of Optometry is responsible for maintaining the information in this application.

NON-RESIDENT CONTACT LENS SELLER (NCLS) APPLICATION

****Shorten the processing time – Apply online at www.BreEZe.ca.gov****

Fee Schedule	
<i>The application fee is a non-refundable processing fee. Make checks payable to the California State Board of Optometry. Upon approval of your application, there will be a \$200.00 registration fee.</i>	
Application	\$150

Minimum Requirements:

- Applicable Fee(s)
- Completed Application
- Articles of Incorporation and list of officers (if applicable)
- Fingerprints *:
 - Live Scan Form (CA Only), or
 - Two (2) Fingerprint Cards (\$49 DOJ/FBI Fee)

*California resident individual applicants must complete the Live Scan fingerprint process. A copy of the completed *Request for Live Scan Service* form must be submitted with your application. Out of state residents may submit two completed fingerprint cards or visit a California Live Scan facility. *Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees.* All personal data must be completed on the fingerprint cards. A registration will not be issued until fingerprint results have been received from the Department of Justice and the Federal Bureau of Investigation. Each individual of a sole proprietorship, each partner of a partnership, each corporate officer and major shareholder for a corporation, and each member of a limited liability company are required to submit fingerprints.

Type or Print Legibly		APPLICANT INFORMATION	
Legal Name of Applicant			
DBA or California Business Name			
The Applicant is: (Check only one box)		<input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Social Security Number/Individual Taxpayer Information Number:			
Federal Employer Identification Number (Req. for Partnership):			
Address of Record (AOR)			
Your AOR is the physical business location listed on the registration and is public information.			
Street	City	State	Zip Code Country
Toll free telephone number consumers call with questions and complaints: ()			
Toll free number must be available to consumers at least six days per week AND at least 40 hours per week.			
Physical Mailing Address			
The physical mailing address is confidential and only used for Board administrative purposes. If provided below, all official Board mail will be sent to the mailing address in lieu of the AOR.			
Street	City	State	Zip Code Country
Dedicated Prescription Lens Confirmation Information			
Please provide the information below for prescribers and their authorized agents for purposes of confirmation of contact lens prescriptions.			
Toll Free Telephone #	Facsimile #	E-Mail Address:	
APPLICANT'S CALIFORNIA AGENT FOR SERVICE OF PROCESS			
The applicant is required to designate and maintain an agent for service of process who is physically within this state, and provide the name, address, and telephone number of the agent to the Board.			
Name	Address	Toll Free Telephone #	
E-Mail Address:			

OTHER STATE REGISTRATIONS

Have you ever held, or do you currently hold a registration/license to fit, adjust and/or dispense spectacle or contact lenses in any U.S. State or U.S. territory? If yes, list information below.

(List others on a separate piece of paper if needed.)

Yes No

REQUIRED: A LETTER OF GOOD STANDING MUST BE SENT DIRECTLY FROM EACH STATE BOARD TO THE CALIFORNIA STATE BOARD OF OPTOMETRY

State	Registration Number	Issue Date	Expiration Date

FOR INDIVIDUAL (SOLE PROPRIETER) OR PARTNERSHIP (To be completed by each owner/partner)
Attach separate sheets if necessary

Name	Address	Telephone #

E-Mail Address:

Are you currently serving in, or have previously served in, the military? Yes No

If applicable, date honorably discharged:

Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?

Yes No

IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY

CRIMINAL RECORD HISTORY

Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.

For each conviction disclosed, please attach a detailed explanation of the circumstances surrounding the arrest/conviction and attach any documentation (i.e., arrest report/court documents/accusations) that you may have.

Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or its territories?

(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th Birthday. You may omit traffic infractions with a base fine under \$300 that did not involve alcohol, dangerous drugs, or controlled substances.)

Yes No

Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?

Yes No

Are you a registered sex offender?

Yes No

I declare, under penalty of perjury under the laws of California, that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: _____ Title: _____ Date: _____

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to a nonresident contact lens seller, California Business and Professions Code, Chapter 5.45 (starting at section 2546).

FOR CORPORATIONS (To be completed by Corporation President or Secretary)

Attach a copy of the Articles of Incorporation, a list of officers, and a list of all people who own or control 25% or more of the stock or interest in the corporation or any other person who exercises substantial control over the applicant's management or business practices. For each person, provide their name, title, percentage of ownership and/or nature of interest.

Name	Address	Telephone #

E-Mail Address:

I declare, under penalty of perjury under the laws of California, that I am the officer of the corporation indicated above, and as such, further declare for and on behalf of said corporation that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: _____ Title: _____ Date: _____

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to a nonresident contact lens seller, California Business and Professions Code, Chapter 5.45 (starting at section 2546).

IMPORTANT REMINDERS

- Registrations expire biennially and must be renewed at www.BreEZe.ca.gov.

PERSONAL INFORMATION COLLECTION AND ACCESS

All terms of information requested are mandatory. The information provided in this form will be used by the California Board of Optometry to determine qualifications for a nonresident contact lens seller registration. Business and Professions Code (BPC) sections 27, 141, 480, and 2550 through 2564.6 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to other government agencies and/or law enforcement agencies, as may be necessary to permit the Board of Optometry, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number or individual identification number is mandatory and collection is authorized by BPC sections 30 and 31. The State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board of Optometry. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid. Your name and address of record listed on this application will be disclosed to the public upon request through license verification on the Board of Optometry website, if and when you become licensed per BPC section 27. The Executive Officer of the Board of Optometry is responsible for maintaining the information in this application.