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**To:** Board Members **Date:** November 3, 2017

**From:** Board Committee Chairs **Telephone:** (916) 575-7184

**Subject:** **Agenda Item 9 – Update, Discussion and Possible Action Regarding Board Committee Reports**

## **A. Dispensing Optician Committee (DOC)**

*From Ruby Garcia, DOC Chair*

The DOC met three times since the August Board meeting and made significant progress in various areas including outreach, registration, and enforcement (via Disciplinary Guidelines).

On August 18, the DOC prioritized their objectives, as requested by the Board, into the following list:

1. Outreach
2. Disciplinary Guidelines
3. Payment methodology
4. Valid business relationship/decoupling/mobility
5. Education requirements/testing/licensing pathways
6. Required continued education
7. Updating terminology
8. Scope of licensure; in 'private settings'
9. Out of State/Electronic Commerce
10. Harmonizing the statutes
11. Remaining Strategic Plan Objectives

Rather than address matters individually, the DOC is addressing multiple matters simultaneously. Many items require back and forth with staff, the DOC and stakeholders, so items were grouped by meeting dates allowing progression from one item to another once feedback/direction is received.

The DOC developed an [Outreach Campaign](#), recognizing the need to educate the registrant population about the Board, its registration types, how to register and renew, and the differences between a registration (issued by the Board) and a certification (issued by the American Board of Opticianry). Additional outreach included working with the California Prison Industry Authority to set reasonable expectations for those individuals learning the trade in prison.

In addition, the DOC is developing draft disciplinary guidelines for Board consideration at its November 3 Board meeting. Final edits will be discussed during the DOC's November 2 meeting and recommendations will be brought to the Board.

Staff is working with DCA's BreEZe team to determine alternative payment methods (i.e. E-checks) for all BreEZe users. This item carries a DCA global impact, so implementation may take longer to complete.

The DOC also 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 considered proposed regulations and registration applications

As such, staff and Board counsel prepared the attached regulations and applications for consideration. For efficiency, staff recommends combining the SLD and CLD application. Applicants would have the option to apply for an SLD, a CLD, or both on one application.

Further, the DOC is reviewing initial and renewal registration requirements (e.g., testing, education, etc.) for each registration type and comparing them to the 22 other states who regulate opticianry. Part of the review includes the need for occupational analyses (OA) of the national exams. DCA's Office of Professional Examination Services (OPES) presented a proposal to conduct OAs on each exam. The proposal can be found [here](#).

After reviewing the RDO Program Fund, the DOC recommends the Board proceed with OA for both exams. However, considering the fund condition, the DOC recommends conducting the OAs one at a time, starting with the National Contact Lens Examination (NCLE).

#### Requested Actions:

1. Disciplinary Guidelines: If approved, please entertain a motion to adopt the DOC Disciplinary Guidelines and proposed regulatory language, and direct staff to commence the rulemaking process.
2. "Coupling" Requirement: If approved, please entertain a motion directing staff to process applications without related fields.
3. Applications and Regulations: If approved, please entertain a motion to adopt the proposed applications and regulatory language and direct staff to commence the rulemaking process.
4. Occupational Analyses: If approved, please direct staff with work with OPES to initiate OAs for the national exams – starting with the NCLE.

## **B. Legislation and Regulation Committee**

*From Rachel Michelin, LRC Chair*

### **1. Mobile Clinic Task Force**

As discussed in detail [here](#), the Mobile Clinic workgroup recommended the LRC break up the mobile clinic solution into two categories:

1. Access for homebound patients who are unable to obtain care from a traditional brick and mortar location
2. Access to mobile services for convenience (e.g., mobile services brought directly to schools, health events, businesses, etc.)

While both important, the workgroup believed there was a more immediate need to address the access issue for those patients who would otherwise not be able to receive treatment. The workgroup further believed addressing this need first would result in easier legislation this session.

The workgroup proposed holding various stakeholder meetings over the next year to draft and vet language to address the second category.

After discussion, the LRC directed the workgroup to take the proposed language as amended to a stakeholder meeting and present its recommendations on whether to move forward with legislation at the Board's November 3 Board meeting.

## **2. Full Committee Report**

In addition to discussing mobile clinics, the LRC reviewed legal counsel's analysis and corresponding document related to combining the Optometry and Registered Dispensing Opticians (RDO) Program Practice Acts. Counsel's full review can be found [here](#).

After making minor edits, the LRC moved to bring the language as amended to the full Board for consideration.

As requested by the Board President, the LRC identified the following deliverables for the LRC to accomplish over the next year:

1. Children's Vision Legislation;
2. Mobile Clinic Service Resolution;
3. Emerging Technology framework and resolution; and,
4. Law and Regulation Strategic Plan Objective Success Measures.

The LRC's Chair will provide status updates during each Board meeting.

### Requested Actions:

1. Mobile Clinics: After the mobile clinic workgroup presents its recommendations, discuss how the Board would like to proceed.
2. Practice Acts: If the Board agrees with the LRC recommendations, please entertain a motion to approve the legislative proposal and direct staff to find an author.

## **C. Children's Vision Workgroup**

*From Rachel Michelin and Glen Kawaguchi, OD*

Despite AB [1110](#) not making it out of appropriations last session, the Board and the Children's Vision Workgroup is still committed to a children's vision bill. As mentioned at the August meeting, Assembly Member Autumn Burke's office has expressed their commitment to this cause and their desire to carry a bill for the Board next year.

The Children's Vision Workgroup met with Member Burke's staff on September 21 to discuss next steps and strategy going forward. Additional updates and the potential request for Board action will be provided at the meeting.

## **D. Consumer Protection Committee (CPC)**

*From Mark Morodomi, CPC Chair*

During the September 28 meeting, the CPC reviewed, discussed and provided feedback to the proposed action plan to implement the Board's Strategic Plan "Enforcement" Objectives. The enforcement action plan can be reviewed [here](#).

In addition, the CPC made the enforcement objective success measures its deliverables over the next few years. It will continue to review and monitor the progress of each objective.

The CPC directed staff to research what other states are doing regarding online refractions and create a chart of its findings. The CPC will review/discuss the results at a future meeting. The CPC further requested that all Committee Chair Reports be forwarded to all members as soon as they are available. This is to keep all committees apprised of the other activities and join forces when necessary to address related issues.

## **E. Public Relations and Outreach Committee (PROC)**

*From Maria Sperber, PROC Chair*

The PROC reviewed the status of the Emerging Technologies Outreach Campaign. As described in more detail [here](#), the Board is on track with implementing the campaign. The PROC also provided feedback to the proposed action plan implementing the Board's Strategic Plan "Outreach" Objectives [here](#).

In addition, the PROC established the following deliverables for the following years:

1. Implement newsletter at least twice a year;
2. Participate in outreach events to promote BreZE, educate licensees about the Board and laws/regulations;
3. Update website to mirror MBC's; and,
4. Outreach Strategic Plan Objective Success Measures.

The PROC will continue to review and monitor the progress of each objective at future meetings.

## **F. Practice and Education Committee (PEC)**

*From Madhu Chawla, PEC Chair*

The PEC held two meetings since the August Board meeting and approved 68 continuing education courses. While another meeting was scheduled in October, the PEC only received four applications. Rather than spend Board resources (i.e., staff time, per diems, and travel expenses) on a meeting that will only last a few minutes, the PEC postponed reviewing those courses until the next scheduled meeting (November 13).

During its August 28 meeting, the PEC discussed challenges the Board's Audit Program is having with determining which category Board-approved courses fall under pursuant to Business and Professions Code (BPC) § 3041.2 and California Code of Regulations (CCR) § 1536. Similarly, when licensees send course materials in response to an audit, the categories are not always apparent to staff.

To remedy these challenges, the PEC recommends the Board adopt an amended "Continuing Education Course Approval Request" form to include the category the provider believes the course falls under. Staff further requests the number of hours also be added to the form. The Board would also need to approve initiating a rulemaking file to amend the form and corresponding regulation (CCR § 1536).

In addition, the PEC delegated two members to assist staff, when necessary, to determine appropriate categories courses fall under.

The PEC also provided a response to the National Board of Examiners in Optometry (NBEO) survey, as directed by the Board (Attached).

Further, the PEC established the following deliverables to be accomplished over the next few years:

1. Hold regular meetings to review and approve continuing education course requests.
2. Continually monitor continuing education approval process and streamline where possible.
3. Assist with categorizing continuing education courses when requested by the Board's Audit Program.

### **Attachments:**

1. Proposed Regulation and Application Amendments for the RDO Program
2. NBEO Survey Responses

**PROPOSED LANGUAGE**

New language is underlined. Deleted language is in ~~strikeout~~.

**(1) Amend Section 1399.220 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:**

**16 CCR § 1399.220. Applications for Registration**

~~All applications shall be submitted on a form provided by the division, accompanied by such evidence, statements or documents as therein required, and filed with the division at its principal office with the required fee.~~

(a) (1) Application for a registered dispensing optician registration shall be made on a form prescribed by the Board (Form RDO, Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the application fee fixed by the Board pursuant to Section 1399.260 in this Article.

(2) Application for a non-resident contact lens seller registration shall be made on a form prescribed by the Board (Form NCLS, Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the application fee fixed by the Board pursuant to Section 1399.260 in this Article.

(3) Application for a spectacle lens dispenser and/or a contact lens dispenser registration(s) shall be made on a form prescribed by the Board (Form CLD/SLD, Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the following:

1. The application fee(s) fixed by the Board pursuant to Section 1399.260 in this Article.
2. An electronic record of fingerprints or, for an out of state applicant, one classifiable set of fingerprints.

(b) Registration for a spectacle lens dispenser shall be contingent on the Board receiving evidence directly from the American Board of Opticianry (ABO) that the applicant has passed the ABO examination.

(c) Registration for a contact lens dispenser shall be contingent on the Board receiving evidence directly from the ABO that the applicant has passed the National Contact Lens Examination.

Note: Authority cited: Sections 2546.3, 2558~~2558~~, Business and Professions Code. Reference: Sections 2546.4, 2546.5, 2551, 2552, 2553, 2559.2, and 2561,~~2555~~, Business and Professions Code; ~~and 11500, Government Code.~~

**(2) Amend Section 1399.221 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:**

**16 CCR § 1399.221. Denial of Applications.**

(a) In the event an application is denied pursuant to Section 2552 or 2553.6 of the code, the division Board shall notify the applicant in writing within thirty days~~within thirty days~~ of the deficiencies or reasons for denial, and of the procedure for requesting a hearing on the denial.

(b) The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

Note: Authority cited: Section ~~2558~~2546.3, Business and Professions Code. Reference: Sections 2552, 2553 ~~and~~, 2553.6, 2546.4, 2546.5, 2559.2, and 2561, Business and Professions Code.

(3) Amend Section 1399.222 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:

**16 CCR § 1399.222. Renewal Applications.**

A renewal application ~~will~~shall be submitted prior to the expiration date of the registration on a form ~~provided~~prescribed by the ~~division~~Board (Form XYZ Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the renewal fee fixed by the Board pursuant to Section 1399.260 in this Article. ~~and filed with the division at its office in Sacramento prior to the expiration date of the registration.~~

Note: Authority cited: Sections 2558 and 25582546.3, Business and Professions Code. Reference: Section ~~2554~~2567, 2546.8, 2559.2, 2561, Business and Professions Code.

(4) Amend Section 1399.260 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:

**16 CCR § 1399.260. Registered Dispensing Optician Program Fees.**

The following fees are established:

- (a) The initial application fee for a registered dispensing optician shall be \$150.00
- (b) The initial registration fee for a registered dispensing optician shall be \$~~75~~200.00.
- (~~b~~c) The renewal fee for a registered dispensing optician shall be \$~~75~~15200.00.
- (d) The delinquency fee for a registered dispensing optician shall be \$50.00.
- (e) The initial application fee for a registered spectacle lens dispenser shall be \$150.00
- (f) The initial registration fee for a registered spectacle lens dispenser shall be \$200.00.
- (g) The renewal fee for a registered spectacle lens dispenser shall be \$150.00.
- (h) The delinquency fee for a registered spectacle lens dispenser shall be \$50.00.
- (i) The initial application fee for a registered contact lens dispenser shall be \$150.00
- (j) The initial registration fee for a registered contact lens dispenser shall be \$200.00.
- (k) The renewal fee for a registered contact lens dispenser shall be \$150.00.
- (l) The delinquency fee for a registered spectacle lens dispenser shall be \$50.00.
- (m) The initial application fee for a nonresident contact lens dispenser shall be \$150.00
- (n) The initial registration fee for a nonresident contact lens dispenser shall be \$200.00.
- (o) The renewal fee for a nonresident contact lens dispenser shall be \$150.00.
- (p) The delinquency fee for a nonresident contact lens dispenser shall be \$50.00.

Note: Authority cited: Sections 2546.3 and 2558,~~2558~~, Business and Professions Code. Reference: Sections 2546.9, 2565, 2566, 2566.1, Business and Professions Code.

(5) Repeal Sections 1399.261, 1399.262, and 1399.263 of Division 13.5 of Title 16 of the California Code of Regulations as follows:

**~~16 CCR § 1399.261. Contact Lens Dispenser Fees.~~**

~~(a) The initial registration fee shall be \$75.00.~~

~~(b) The biennial renewal fee shall be \$75.00.~~

~~Note: Authority cited: Section 2558, Business and Professions Code. Reference: Section 2566, Business and Professions Code.~~

**~~16 CCR § 1399.262. Refund of Application Fee.~~**

~~Any applicant for registration as a contact lens dispenser who does not meet the requirements for registration shall be refunded \$50.00 upon written request.~~

~~Note: Authority cited: Section 2558, Business and Professions Code. Reference: Section 2566, Business and Professions Code.~~

**~~16 CCR § 1399.263. Spectacle Lens Dispenser Fees.~~**

~~(a) The initial registration fee shall be \$75.00.~~

~~(b) The renewal fee shall be \$75.00.~~

~~Note: Authority cited: Section 2558, Business and Professions Code. Reference: Section 2566.1, Business and Professions Code.~~



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# REGISTERED DISPENSING OPTICIAN (RDO) APPLICATION

**\*\*Shorten the processing time – Apply online at [www.BreEZe.ca.gov](http://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>	
<b>Application</b>	<b>\$150</b>

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

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 18<sup>th</sup> 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 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](http://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](http://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.*



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# SPECTACLE/CONTACT LENS DISPENSER APPLICATION

**\*\*Shorten the processing time – Apply online at [www.BreZE.ca.gov](http://www.BreZE.ca.gov)\*\***

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

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

<b>Fee Schedule</b>	
<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>	
<b>SLD Application</b>	<b>\$150</b>
<b>CLD Application</b>	<b>\$150</b>

### 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			
<b>1. Legal Name</b>	Last	First	Middle		
<b>2. Other Names/Aliases Used</b>					
<b>3. Social Security Number/Individual Taxpayer Identification Number</b>			<b>4. Date of Birth (mm/dd/yyyy)</b>		
<b>5. Address of Record (AOR)</b>	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	
<b>6. Physical Mailing Address</b>	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	
<b>7. Telephone Numbers</b>	Home #	Work #	Cell #		
<b>8. E-Mail Address</b>					
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?  <b>IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY</b></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**

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.  
*(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

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



**CALIFORNIA 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



# NON-RESIDENT CONTACT LENS SELLER (NCLS) APPLICATION

**\*\*Shorten the processing time – Apply online at [www.BreEZe.ca.gov](http://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>	
<b>Application</b>	<b>\$150</b>

**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	
<b>Legal Name of Applicant</b>			
<b>DBA or California Business Name</b>			
<b>The Applicant is:</b> (Check only one box)		<input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
<b>Social Security Number/Individual Taxpayer Information Number:</b>			
<b>Federal Employer Identification Number (Req. for Partnership):</b>			
<b>Address of Record (AOR)</b>			
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: ( )			
<b>Toll free number must be available to consumers at least six days per week AND at least 40 hours per week.</b>			
<b>Physical Mailing Address</b>			
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
<b>Dedicated Prescription Lens Confirmation Information</b>			
Please provide the information below for prescribers and their authorized agents for purposes of confirmation of contact lens prescriptions.			
<b>Toll Free Telephone #</b>	<b>Facsimile #</b>	<b>E-Mail Address:</b>	
<b>APPLICANT'S CALIFORNIA AGENT FOR SERVICE OF PROCESS</b>			
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.			
<b>Name</b>	<b>Address</b>	<b>Toll Free Telephone #</b>	
<b>E-Mail Address:</b>			

**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 18<sup>th</sup> 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](http://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<sup>16</sup> the information in this application.*



The NBEO would like to ask ARBO member boards to participate in this short survey. Please indicate your board’s responses below to the following skills regarding the Part III Clinical Skills Examination (CSE) and the Injections Skills Exam (ISE). The NBEO sincerely appreciates your board taking the time to report invaluable feedback. All responses will be carefully evaluated and considered for potential future examination changes.

**State:**

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1. Please circle “Keep” or “Replace” for each **Part III Clinical Skills Examinations** skill. The percentages represent the scoring weight for each skill in relation to the total examination.

Skill	Name	Weight	Keep	Replace
1	Case History/Patient Communication	7.60%	Keep	Replace
2	Patient Education	4.90%	Keep	Replace
3	Binocular Extraocular Muscle Motility Evaluation	3%	Keep	Replace
4	Static Peripheral Confrontation Visual Fields	2.90%	Keep	Replace
5	Near Cover Test and Near Point of Convergence	2.70%	Keep	Replace
6	Pupil Testing	4.60%	Keep	Replace
7	Blood Pressure Measurement	3.40%	Keep	Replace
8	Ophthalmic Lens Evaluation	3.50%	Keep	Replace
9	Biomicroscopy	8%	Keep	Replace
10	Goldmann Applanation Tonometry	6.20%	Keep	Replace
11	3-Mirror Gonioscopy	5.10%	Keep	Replace
12	Collagen Implant Insertion and Removal	3.30%	Keep	Replace
13	Soft and GP Contact Lens Insertion, Evaluation, and Removal	5.70%	Keep	Replace
14	Retinoscopy	5.40%	Keep	Replace
15	Distance Subjective Refraction	7.30%	Keep	Replace
16	Heterophoria and Vergence Testing at Distance	2.70%	Keep	Replace
17	Accommodation Testing	2.40%	Keep	Replace
18	Binocular Indirect Ophthalmoscopy	7.40%	Keep	Replace
19	Dilated Biomicroscopy and Non-Contact Fundus Lens Evaluation	7.60%	Keep	Replace
20	Injections	4.70%	Keep	Replace
	GENERAL ITEMS/Standardized Patient Scoring (affective communication)	1.60%	Keep	Replace

2. The NBEO is currently considering the addition of the following skills to the Part III Clinical Skills Examination. Please circle “Yes” or “No” if your board has an interest in adding each of the skills listed below.

Amsler Grid	Yes	<input checked="" type="radio"/> No
Hertel Exophthalmometry	Yes	<input checked="" type="radio"/> No
Cranial Nerves Assessment	<input checked="" type="radio"/> Yes	No
Undilated 90D	<input checked="" type="radio"/> Yes	No
Clinical Decision Making*	<input checked="" type="radio"/> Yes	No

\*Clinical Decision Making is an important element of the Part II PAM/TMOD examination. If implemented into Part III CSE it would involve the Standardized Patient giving the Candidate a diagnosis and asking the Candidate to verbalize their management plan.

3. Please list any additional skill(s) that your board would like to see included in the Part III Clinical Skills Examination.

**As indicated in question 1, the Board would like to see an increase in the clinical decision making portions of the exam and a decrease in the technical skills portion to better test students' critical thinking.**

4. Please circle “Include” or “Do Not Include” regarding which injections skills your board would prefer to see included in the **Injections Skills Examination (ISE)**?

<b>Subcutaneous</b>	<input checked="" type="radio"/> Include	Do Not Include
<b>Subconjunctival</b>	<input checked="" type="radio"/> Include	Do Not Include
<b>Intramuscular</b>	<input checked="" type="radio"/> Include	Do Not Include
<b>Intravenous</b>	<input checked="" type="radio"/> Include	Do Not Include

**The Board thinks the injections skills exam should be optional; only individuals who plan to practice in states where injections are included in scope should opt-in for this portion.**

5. Should the Injections Skills Exam (ISE) be embedded within the Part III Clinical Skills Examination?

- A. Yes. Please explain \_\_\_\_\_
- B.  No. Please explain As stated above, the ISE should be optional.
- C. Uncertain
- D. My board has no strong opinion regarding this matter.

6. Would your board support increasing the Injections Skills Exam attempt limit from 4 attempts to 6 attempts to draw blood during intravenous injection?

A. Yes. Please explain. \_\_\_\_\_  
 B. No. Please explain. **If the ISE is optional, and the arm is in good working order.**

7. Please circle "Yes" or "No" regarding whether your board considers the ability or inability to draw blood on intravenous injection the most critical item in the skill?

A. Yes.  
 B. No.

If yes, should this ability or inability determine the overall pass vs failure on the Injections Skills Exam?

A. Yes.  
B. No.

**Exam Eligibility**

8. Would your board support a limit on the number of attempts candidates have to pass NBEO examinations?

A. Yes. If so, what attempt limit would you suggest? \_\_\_\_\_  
 B. No

**Future Topics**

9. What topics would be of interest to your board at the 2018 NBEO Workshop?

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**NBEO exam shifting emphasis from technical skills to clinical decision making.**

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