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LICENSURE VERIFICATION FORM

TO THE APPLICANT – List name and license number in top section only and forward to all jurisdictions (U.S. States or Territories and Washington, D.C.) in which you have ever been issued a license to practice as an optometrist.

Applicant Full Name:	License Number:
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STATE LICENSURE BOARD OR REGULATORY AGENCY – The person listed above is applying for a license to practice as an optometrist in Virginia. The Virginia Board of Optometry requests that the form be completed by each jurisdiction in which he/she holds or has ever held a license/certificate. Please complete the form and return it to the address or email address above.

State/Commonwealth of:

Licensee Name:	Issued Date:
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License/Certification Number:

Licensed/Certified Through (check one):

National Examination (NBEO)
 State Board Examination
 NERCOATS
 Reciprocity/Endorsement from another U.S. State or Territory (Name of State) _____

Certified to use Diagnostic Pharmaceutical Agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Certified to use Therapeutic Pharmaceutical Agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Status of License is: Active Current Inactive Revoked Suspended

Expired/Lapsed Expiration Date _____

Has the applicant's license/certificate ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has there been any disciplinary history? If yes to any of the questions, please provide all information available under your state's freedom of information statutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is continuing education required for renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many hours are required?
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Comments, if any:

BOARD SEAL

Signed

Date