



**PRELIMINARY - PENDING APPROVAL**  
**Board for Hearing Aid Specialists and Opticians**  
**OPTICIANS LICENSE REINSTATEMENT APPLICATION**  
**Fee \$235.00**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

1. Expired Virginia Optician License Number 

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 Expiration Date\* \_\_\_\_\_

\* If your license expired more than 60 months ago, you must attach proof of continuous, active, ethical and legal practice of Opticianry outside of Virginia. If you are not able to provide proof of continuous, active, ethical and legal practice of optometry outside Virginia, **you cannot reinstate your license**. You are required to reapply using the *Optician Examination and License Application* and retake the board examination.

2. Name \_\_\_\_\_  
Last First Middle Generation

3. Provide **one** of the following identification numbers.  
 Social Security Number or  Virginia DMV Control Number \* 

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\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth \_\_\_\_\_  
MM/DD/YYYY

5. Maiden Name or Former Surname(s) \_\_\_\_\_

6. Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 If a mailing address is submitted, the mailing address will be printed on the license.  
City State Zip Code

7. Street Address (PO Box **not** accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
**PHYSICAL ADDRESS REQUIRED**  
 \_\_\_\_\_  
City State Zip Code

8. Email Address \_\_\_\_\_

9. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

10. Did your Virginia Optician License expire more than 24 months ago, but less than 60 months ago?  
 No  If no, skip to question #12.  
 Yes

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OFFICE USE ONLY	DATE	FEE	TRANS CODE  4020	ENTITY #	FILE #/LICENSE #  1101	ISSUE DATE
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11. Which requirement have you met in order to qualify for reinstatement of your Virginia Optician License? Select only one. Documentation verifying completion of the requirement you select must accompany this reinstatement application.

- Continuous, active, ethical and legal practice of Opticianry outside Virginia
- Completion of a board-approved review course which measures current competence

School Name & Location \_\_\_\_\_

Date Enrolled \_\_\_\_\_ Date Completed \_\_\_\_\_

12. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

- No
- Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

- No
- Yes  If yes, list the **misdemeanor and/or felony**. Attach your *original criminal history record*\* a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation).

\* *Original criminal history record* may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at [www.vsp.virginia.gov](http://www.vsp.virginia.gov) or by phone at 804-674-6718.

**Consent to Suits**

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a *Virginia Optician License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia related to Optician Licensure under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_