



**PRELIMINARY - PENDING APPROVAL**  
**Board for Hearing Aid Specialists and Opticians**  
**CONTACT LENS ENDORSEMENT APPLICATION**

⇒ If you have passed the National Contact Lens Registry Examination, attach a copy of your current certification. Otherwise, you must apply for both the written and practical examinations AND submit a \$350 fee.

Examination sites are located in Richmond and Wytheville, Virginia. Candidates will be scheduled at the site closest to their geographic location. If the Wytheville site is full, candidates will be scheduled at the Richmond site. **Candidates will be notified of the date, time and location one month prior to the examination dates.** Please visit the Department's web site at [www.dpor.virginia.gov](http://www.dpor.virginia.gov) for examination dates. An application must pass the written and practical examination within two years of the initial test. After two years, applicants must submit a new application and pay the required fee.

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.**

Select the method you are using to apply for your contact lens endorsement. Select only **one**.

x	Method of Licensure	Trans Code	Fee
<input type="checkbox"/>	Initial Application/Written & Practical Examination	1015	\$ 335.00
<input type="checkbox"/>	Initial Application/Practical Examination: Initial license application and applicant has passed a written exam	1015	\$ 110.00
<input type="checkbox"/>	By Reciprocity - Application/Written & Practical Examination: Optician licensed in another state who has not passed a written exam & a practical exam	1017	\$ 335.00
<input type="checkbox"/>	By Reciprocity - Application/Practical Examination: Optician licensed in another state who has passed only a written exam	1017	\$ 110.00
<input type="checkbox"/>	By Reciprocity - Application Only: Optician licensed in another state who has passed both a written exam and a practical exam	1017	\$ 85.00
<input type="checkbox"/>	Written Re-examination	1016	\$ 225.00
<input type="checkbox"/>	Practical Re-examination	1016	\$ 25.00

1. Virginia Optician License Number 

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

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 \_\_\_\_\_ (Must be 18 years of age.)  
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

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OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	1101	FILE #/LICENSE #	ISSUE DATE
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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. Are you applying through reciprocity as an optician currently licensed, certified or registered in another state?

No

Yes  If yes, list all the licenses, certificates and registrations in the following table **and** attach an original Certification of Licensure/Letter of Good Standing,<sup>♦</sup> dated within the last 60 days from each state.

State/Jurisdiction	What type of examination did you pass?	License, Certification or Registration Number	Expiration Date
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		

♦ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

11. 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.

12. Have you ever been convicted in any jurisdiction of a ***misdemeanor and/or felony***? *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<sup>\*</sup> 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.

13. 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 my Virginia Optician License is in good standing. 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 \_\_\_\_\_