

PRELIMINARY - PENDING APPROVAL
Board for Hearing Aid Specialists and Opticians
OPTICIANS EXAMINATION & LICENSE APPLICATION

- ⇒ Applicants are required to attach successful completion of high school or a high school equivalency course.
- ⇒ To obtain a Contact Lens Endorsement, you must submit a Contact Lens Endorsement Application.
- ⇒ If you have passed the American Board for Opticianry (ABO) examination or any other written examination administered by a state licensing board, attach a copy of your current certificate. Otherwise, you must apply for both the written and practical examinations AND submit a \$350.00 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 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**.

✕	Method of Licensure	Trans Code	Fee
<input type="checkbox"/>	Initial Application/Written & Practical Examination: Initial license application	1010	\$ 335.00
<input type="checkbox"/>	Initial Application/Practical Examination: Initial license application and applicant has passed a written exam	1010	\$ 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	1012	\$ 335.00
<input type="checkbox"/>	By Reciprocity - Application/Practical Examination: Optician licensed in another state who has passed only a written exam	1012	\$ 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	1012	\$ 85.00
<input type="checkbox"/>	Written Re-examination	1011	\$ 225.00
<input type="checkbox"/>	Practical Re-examination	1011	\$ 25.00

1. Have you ever held an Optician License issued by the Board for Hearing Aid Specialists and Opticians?

No

Yes Virginia Opticians License No.

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❖ If yes and your license expired more than 60 days ago, but less than 24 months ago, you are required to **reinstate** your Virginia Optician License by completing an Optician License Reinstatement Application. **DO NOT COMPLETE THIS LICENSE APPLICATION.**

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

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OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	1101	FILE #/LICENSE #	ISSUE DATE
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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. 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♦ 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. Which Education Requirement have you met in order to qualify for a Virginia Optician License?
 Completion of a board-approved two-year course in a school of Opticianry, including the study of topics essential to qualify for practicing as an optician.
 School Name & Location _____
 Date Enrolled _____ Date Completed _____

Required Attachments: Attach an official transcript showing successful completion of the program.

Completion of a board-approved three-year apprenticeship with a minimum of one school year of related instruction or home study while registered in the apprenticeship program in accordance with the standards established by the Virginia Department of Labor and Industry, Division of Apprenticeship Training and approved by the Board for Hearing Aid Specialists and Opticians.

Name of Apprenticeship Representative _____

Signature of Apprenticeship Representative _____ Date _____

Required Attachments: Attach a Apprenticeship Completion Form with original DOLI verification stamp.

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 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 _____