

INSTRUCTIONS FOR COMPLETING AN APPLICATION
FOR A PROFESSIONAL DESIGNATION

BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- **Regulations:** 18VAC105-20-50 of the *Regulations of the Virginia Board of Optometry* pertaining to the registration of a professional designation may be viewed at <http://www.dhp.virginia.gov/Optometry/>.
- **Application Fee:** The application fee is \$100; make check payable to the “Treasurer of Virginia.” **All fees are nonrefundable.**
- **Application Tracking:** Please allow 21 days from initial mailing for board staff to receive and process an application.
- **Application:** The application and fee must be mailed together. The processed application will be forwarded to the Professional Designation Committee of the Board to review for approval/disapproval. Please allow an additional 15 to 30 business days for Committee review and response.
- **Board Communication:** The Board’s method of communication is via email.
- **Advertising:** The Regulations state “All advertisements, including but not limited to signs, printed advertisements, and letterheads, shall contain the word “optometry” or reasonable recognizable derivatives thereof unless the name of the optometrist is used with the professional designation with the O.D. designation, Doctor of Optometry or optometrist.”
- **Professional Designation Expiration Dates:** Please refer to the registration for expiration date.
- **Renewal of Professional Designation:** Renewal may be completed online if the registering optometrist has renewed his/her license to practice optometry prior to renewing the professional designation; otherwise, the expiration date of the professional designation will not update.
- **Professional Designation Change Form:** In the event of the sale, closure, addition of new locations or change of address of a practice location submit the Change Form located at http://www.dhp.virginia.gov/Forms/optometry/PD_change_form.doc.

APPLICATION FOR A PROFESSIONAL DESIGNATION

Last	First	Middle Initial	License No.
Public Address for Disclosure	City	State	Zip Code Telephone No.
Address of Record (Mailing Address)	City	State	Zip Code Phone No. <input type="checkbox"/> Cell <input type="checkbox"/> Other

ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals **are not posted** on the "License Lookup" program available through the board's website.

Email address to receive board communication:

PROPOSED PROFESSIONAL DESIGNATION NAME(S):	
1 st Choice	
2 nd Choice	
3 rd Choice	

ADDRESS OF EACH PRACTICE LOCATION:	Telephone No.

OFFICE USE ONLY				
Applicant #	FEE	RECEIPT #	PD #	ISSUE DATE

REQUIRED ATTACHMENTS:

1. Provide an explanation of the ownership of the entity.
2. If multiple locations are involved, explain the business relationship between locations.
3. Provide a drawing (by hand is acceptable) of the physical layout of your entire practice area. If an optical area is involved, please designate it.

DISCLAIMER

The application or registration of a professional designation with the Virginia Board of Optometry shall not authorize the use in this state of any professional designation in violation of any third parties' rights under federal, state or common law. Application or registration herein shall not be a defense to an action for violation of any such rights. It is the applicant's responsibility to insure that a particular professional designation is not otherwise registered and/or protected.

It is my belief or the belief of the firm, corporation or association in whose behalf I make the following verification or declaration, that no other person, firm, corporation or association, to the best of my knowledge and belief, has the right to use such professional designation with respect to the practice of optometry in the Commonwealth and that I do not have a current professional designation and that I have read and understood the foregoing disclaimer:

SEEN AND APPROVED

Signature of Applicant

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF _____, to wit:

Subscribed and sworn to before me, the undersigned and Notary Public, in and for the Commonwealth at large, this _____ day of _____, 20_____

Notary Public

My Commission Expires _____

SEAL