

BOARD OF OPTOMETRY

INSTRUCTIONS/CHECKLIST FOR COMPLETING AN APPLICATION FOR LICENSURE TO PRACTICE AS A TPA-CERTIFIED OPTOMETRIST IN VIRGINIA

- **Laws and Regulations:** The Virginia laws and regulations pertaining to the practice of optometry may be viewed at www.dhp.virginia.gov/Optometry/. The application requires an attestation to having read the applicable laws and regulations.
- **Application documentation from source:** Required documentation must be submitted directly from the source of the information by postal mail, email or fax (if faxed, please ensure a coversheet is included). The applicant is responsible for notifying the source to submit required documentation. Additional forms for licensure and employment verification are attached.
- **Application tracking:** An online electronic checklist is provided to track your application. Please allow 21 business days from initial submission for board staff to receive and process an application. Subsequent updates will occur as documentation is received. If you find that your checklist does not exist or does not indicate necessary documents have been received, email the Board at optbd@dhp.virginia.gov with "OPT Application Question" in the subject line.
- **Fees:** An application fee of \$250.00 is required. **All fees are nonrefundable.**
- **Application payment receipt:** A receipt may be printed at the time of approval of the payment.
- **View application checklist and fee:** Your application checklist may be viewed by logging into your application account and selecting the "View Checklist" link located in the "Pending Licenses" section. The link will not be visible to applicants or the Board if the application fee has not been paid.
- **Initial license expiration dates:** Licenses issued on or after October 1 of the current year expire on March 31 of the second year (example: License issued October 1, 2019 will expire March 31, 2021).
- **Retention of Application Documents:** An incomplete application is maintained for one year and then destroyed.
- **Board Communication:** The Board's preferred method of communication with applicants or licensees is via email.

APPLICATION METHODS AND REQUIRED DOCUMENTATION:

Option 1 – Licensure by Examination

- Official copy of your transcript from a school of optometry accredited by the Council on Optometric Education (**NOTE:** Administration of therapeutic pharmaceutical agents by injection to treat chalazia requires submission of written evidence that you have completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of TPAs by injection); and
- NBEO examination scores reflecting passing scores for parts I, II, III and TMOD (**NOTE:** Please ensure with NBEO that your scores have been electronically released to Virginia. Providing your OETracker number during the application process will allow the Board to retrieve your scores).

Option 2 – Licensure by Examination: Licensed or previously licensed in another jurisdiction and not engaged in active practice for at least 36 out of the last 60 months

- Official copy of your transcript from a school of optometry accredited by the Council on Optometric Education (**NOTE:** Administration of therapeutic pharmaceutical agents by injection to treat chalazia requires submission of written evidence that you have completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of TPAs by injection);
- NBEO examination scores reflecting passing scores for parts I, II, III and TMOD (**NOTE:** Please ensure with NBEO that your scores have been electronically released to Virginia. Providing your OETracker number during the application process will allow the Board to retrieve your scores);
- Complete *CE Audit Form* and documentation (copies of completed certificates or OE Tracker CE Transcript) of continuing competency hours for the last two years; and
- Licensure verification of all licenses ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia. (**NOTE:** Staff will obtain licensure verification from the states that provide online primary source verification language that includes disciplinary history).

Option 3 – Licensure by Endorsement: Licensed or previously license in another jurisdiction and engaged in active practice for at least 36 of the last 60 months

- Official copy of your transcript from a school of optometry accredited by the Council on Optometric Education (**NOTE:** Administration of therapeutic pharmaceutical agents by injection to treat chalazia requires submission of written evidence that you have completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of TPAs by injection);

- NBEO examination score reflecting passing score for TMOD (**NOTE:** Please ensure with NBEO that your scores have been electronically released to Virginia. Providing your OETracker number during the application process will allow the Board to retrieve your scores);
- Complete *CE Audit Form* and documentation (copies of completed certificates or OE Tracker CE Transcript) of continuing competency hours for the last two years;
- Licensure verification of all licenses ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia. (**NOTE:** Staff will obtain licensure verification from the states that provide online primary source verification language that includes disciplinary history); and
- Written documentation of active practice as an optometrist for at least 36 months of the past 60 months immediately preceding application. Active practice may be verified on the Board's optional Employment Verification Form, company letterhead or tax returns (1040).

Board of Optometry Contact Information

Address: 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Webpage: <http://www.dhp.virginia.gov/Optometry/>

Email: optbd@dhp.virginia.gov

Phone: (804) 597-4132

Fax: (804) 527-4471



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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 listed above.

State/Commonwealth of:		
Licensee Name:	Issued Date:	
License/Certification Number:		
Licensed/Certified Through (check one):		
<input type="checkbox"/> National Examination (NBEO) <input type="checkbox"/> State Board Examination <input type="checkbox"/> NERCOATS <input type="checkbox"/> 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
Certified to use Therapeutic Pharmaceutical Agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Status of License is: <input type="checkbox"/> Active <input type="checkbox"/> Current Inactive <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended		
<input type="checkbox"/> Expired/Lapsed Expiration Date _____		
Has the applicant's license/certificate ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Is continuing education required for renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many hours are required?	

Comments, if any:

BOARD SEAL

_____ Signed	_____ Date
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EMPLOYMENT VERIFICATION

APPLICANT INFORMATION – To be completed by applicant. Please type or print.			
Last Name	First Name	Middle Initial	Other Names Used
I hereby authorize the release of employment verification to the Virginia Board of Optometry.			
Signature:		Date:	
EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative and mailed directly to the Board. The individual named above is applying for licensure as an Optometrist in the Commonwealth of Virginia. Please verify the employment history and status of this individual. In lieu of completion of this form, an employer may send a letter confirming requested information.			
Employer's Business or Organization Name:			
Type of Business:			
Business Address:			
Phone:		Email Address:	
Employee's Name		Employee's Position Title	
Employment Begin Date (mm/dd/yyyy)		Employment Status	
Provide all practice locations and dates of employment. If more space is required, list on separate paper.			
Practice Locations		Dates of Employment	
Print Name		Signature and Date	