

LICENSURE VERIFICATION FORM

TO THE APPLICANT – List name and license number in top section only and forward to all U.S. jurisdictions in which you have ever been issued a license to practice as an optometrist.

| | |
|-----------------------------|------------------------|
| Applicant Full Name: | License Number: |
|-----------------------------|------------------------|

STATE LICENSURE BOARD OR REGULATORY AGENCY – The person listed above is applying for a license to practice as a TPA-Certified 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 email or address listed above. **(Note: Completion of form not required if jurisdiction has alternative format for verification.)**

State/Commonwealth of: _____

| | |
|----------------|--------------|
| Licensee Name: | Issued Date: |
|----------------|--------------|

License/Certification Number: _____

Licensed/Certified Through (check one):

National Examination (NBEO) State Board Examination
 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: Active Current Inactive Revoked Suspended

Expired/Lapsed Expiration Date _____

If Expired/Lapsed, is the license eligible for reinstatement? Yes No

| | | |
|---|------------------------------|-----------------------------|
| 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