

## BOARD OF OPTOMETRY

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

#### READ THE FOLLOWING INFORMATION CAREFULLY BEFORE PROCEEDING:

- **Laws and Regulations:** Application requires an attestation to having read the applicable [laws and regulations](#).
- **Application documentation:** Applicant is responsible for notifying the source of the required documents to submit information directly to the board office by email, fax or postal mail. Optional forms for [licensure](#) and [employment](#) verification are available, if needed.
- **Application Fee:** Application fee of **\$250.00** is required. A credit card may be used for online applications. Application submitted by postal mail must be accompanied by check or money order payable to the “Treasurer of Virginia.” **All fees are nonrefundable.**
- **Application payment receipt:** An receipt may be printed upon approval of an online payment. Receipts for other forms of payment may be requested by email to [optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov).
- **Application tracking:** To view the application checklist, [log into](#) the individual application account and select “View Checklist” located in the “Pending Licenses” section. The link is not visible to applicants or the Board until required fee is paid. Allow approximately 21 business days for initial update to the checklist. Subsequent updates occur and documentation is received. For issues related to the checklist, send email to [optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov).
- **Initial license expiration dates:** Licenses issued prior to October 1 of the current year will expire on March 31 of the following year (example: License issued July 1, 2020 will expire on March 31, 2021). Licenses issued on or after October 1 of the current year expire on March 31 of the second year (example: License issued October 1, 2020 will expire March 31, 2022).
- **Board Communication:** The Board’s method of communication with applicants is via email.

#### APPLICATION METHODS AND REQUIRED DOCUMENTATION:

**Option 1 – Graduation from an accredited school of optometry and holds no license in another U.S. jurisdiction**

- Official copy of transcript from a school of optometry accredited by the Council on Optometric Education or other accrediting body deemed by the board to be substantially equivalent. (**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. Optional [form](#) is available, if need.)
- Passing scores for Parts I, II, III and TMOD of the NBEO examination. (**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 – Graduation from accredited school of optometry, licensed or previously licensed in another jurisdiction, and engaged in active practice within the 12 months immediately preceding application**

- Official copy of transcript from a school of optometry accredited by the Council on Optometric Education or other accrediting body deemed by the board to be substantially equivalent. (**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. Optional [form](#) available, if needed.)
- Passing scores for Parts I, II, III and TMOD of the NBEO examination. (**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.)
- Licensure verification of all licenses ever held, including expired, in another U.S. jurisdiction. (**NOTE:** Staff will obtain licensure verification from the states that provide online primary source verification that includes disciplinary history).

**Option 3 – Graduation from accredited school of optometry, has been licensed or previously licensed in another jurisdiction, and has not been engaged in active practice within the 12 months immediately preceding application**

- Official copy of transcript from a school of optometry accredited by the Council on Optometric Education or other accrediting body deemed by the board to be substantially equivalent. (**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. Optional [form](#) available, if needed.)
- Passing scores for Parts I, II, III and TMOD of the NBEO examination. (**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).
- Submit a completed [Continuing Education \(CE\) Reporting Form](#) and documentation of 20 hours of CE (copies of completed certificates) as specified in [18VAC105-20-70](#).
- Licensure verification of all licenses ever held, including expired, in another U.S. jurisdiction. (**NOTE:** Staff will obtain licensure verification from the states that provide online primary source verification that includes disciplinary history).

**Option 4 – Graduation from a non-accredited school of optometry and engaged in active practice**

- Licensure verification of a current unrestricted license in another U.S. jurisdiction (**NOTE:** Staff will obtain licensure verification from the states that provide online primary source verification that includes disciplinary history).
- Documentation of completion of a full-time, post graduate or equivalent graduate-level optometric training program in therapeutic pharmaceutical agents. (**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. Optional [form](#) available, if needed.)
- Passing scores for Parts I, II, III and TMOD of the NBEO examination. (**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).
- 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).
- Licensure verification of all licenses ever held, including expired, in another U.S. jurisdiction. (**NOTE:** Staff will obtain licensure verification from the states that provide online primary source verification that includes disciplinary history).



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**APPLICATION FOR LICENSURE TO PRACTICE  
AS A TPA-CERTIFIED OPTOMETRIST IN VIRGINIA**

Full Name (Please Print or Type)

Last	First	Middle Initial

Have you ever been known by any other name? Yes  No  If yes, state in full every name by which you have been known. If the name stated above does not match name on required documentation, a copy of legal name change (i.e. marriage license or divorce) is required.

Other names:

Public Address for Disclosure:	City:	State:	Zip Code:	Telephone Number:

Address of Record: (Mailing Address)	City:	State:	Zip Code:	Telephone Number:

**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](#).

*Social Security No. or Virginia DMV No.	Date of Birth: mm/dd/yyyy)	Email Address: Public <input type="checkbox"/> Private <input type="checkbox"/>

Are you active-duty military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1) On federal active duty orders; or	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2) A veteran who has left active duty service within one year of submission of this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Graduation Date: (mm/dd/yyyy)	Professional Degree(s)	School	City	State

\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY**

APPLICANT #	FEE	RECEIPT #	LICENSE #	ISSUE DATE

1. Did you take and pass all parts of the NBEO examinations (Parts I, II, III and TMOD)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Will you be treating chalazia by injections?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. If applying by endorsement, did you take any state examinations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Have you been actively engaged in the practice of optometry prior to seeking licensure in Virginia?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. List all professional practice in reverse chronological order. A resume or CV is acceptable.				
Begin Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)	Name of Employer/City/State/Phone:	Type of Practice:	
6. List all U.S. jurisdictions in which you have ever held a license, including expired, to practice optometry. If more space is needed, please record on separate paper.				
Jurisdiction	License #	Issue Date (mm/dd/yyyy)	Years of Practice	License Status (expired/active/inactive/revoked/suspended)
<b>QUESTIONS MUST BE ANSWERED.</b> If any of the following questions (7-13) are answered <b>yes</b> , explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.				
7. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations? Attach your original criminal history record, a certified copy of any 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 be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, etc.)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
8. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? (A) Please provide a full explanation (use separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
9. Within the past five years, have you been disciplined by any entity? (A) Please provide a full explanation and any associated orders or letters from the entity (use separate page). (B) W Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

<p><b>10.</b> Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing optometrist.</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
<p><b>11.</b> Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing optometrist.</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
<p><b>12.</b> Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing optometrist.</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
<p><b>13.</b> Within the past five 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>

#### 14. AFFIDAVIT OF APPLICANT

I have carefully read the [laws and regulations](#) related to the practice of optometry. I hereby agree to abide by and remain current with the applicable [laws and regulations](#) which are available on the Board's [website](#).

I certify by entering my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

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*Signature of Applicant*