Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
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Department of Professional and Occupational Regulation

Board for Hearing Aid Specialists and Opticians
CONTACT LENS ENDORSEMENT APPLICATION
Fee $100.00

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.

⇨ **If you have passed the National Contact Lens Registry Examination, attach a copy of your current certification.**

⇨ **The American Board of Opticianry (ABO) will be administering all examinations.** The Board will notify all candidates once they have been approved to sit for the examination. Visit the ABO's web site at **www.abo-ncle.org** for exam dates and information.

All applicants 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.

Select **one** of the following:

✘	Method	Trans Code
☐	By Examination	1015
☐	By Endorsement	1017

1. Do you hold a **Virginia** Optician License?
   - No ☐ If no, you do not qualify for the Contact Lens Endorsement.
   - Yes ☐ If yes, provide the Virginia license number and expiration date:

   Virginia Opticians License No. | 1 | 1 | 0 | 1 | | | | | | | Exp. Date _____

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

   _____ Last (required) _____ First (required) _____ Middle _____ Generation

3. Provide at least **one** of the following identification numbers✳:
   - ☐ ***Social Security Number*** *and/or* | | | | - | | | - | | | | |
   - ☐ ***Virginia*** DMV Control Number | | | | | | | | | |

   ➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

   ✳ 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

5. Maiden or Former Name(s) _____

6. Mailing Address (PO Box accepted) _____
   The mailing address will be printed on the license.

   _____ City _____ State _____ Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					1101	

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. Contact Numbers

_____ _____ _____

Primary Telephone Alternate Telephone Fax

9. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

10. Do you hold a *current* or have you *ever held* an Optician license, certified or registered *with the Contact Lens Endorsement* issued by any state or territory of the United States (excluding Virginia)?

No ☐

Yes ☐ If yes, list all the endorsements in the following table:

State/Jurisdiction	What type of examination◆ did you pass?	License, Certification or Registration Number	Expiration Date
	Written ☐ Practical ☐		
	Written ☐ Practical ☐		
	Written ☐ Practical ☐		

◆ If you have passed the National Contact Lens Registry Examination, attach a copy of your current certification.

11. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

12. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** involving sexual offense, physical injury, drug distribution, or crimes involving the profession of opticianry?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving sexual offense or physical injury within the past three years?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

13. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Optician Regulations*.

Signature _____ Date _____