

**Board for Hearing Aid Specialists and Opticians
 OPTICIANS - UNIVERSAL LICENSE RECOGNITION APPLICATION**

➤ DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

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.

Select **one** license type you are requesting:

X	License Type	Trans	Fee
☐	1101 - Licensed Optician	1012	\$100.00
☐	1101 - Unlicensed Optician - Universal License by exam	1010	\$100.00

1. Have you ever held a license and/or certificate issued by the Virginia Department of Professional and Occupational Regulation?
 No ☐ Yes ☐

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

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☐ **Virginia** DMV Control Number

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➤ 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

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.

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

10. Applicants who hold a **current** license/certificate:

A. Do you hold a **current** (non-Virginia) license or certificate issued by a regulatory board or government entity?

No ☐ If no, skip to question #11.

Yes ☐ If yes, have you held this license/certificate for at least 3 years?

No ☐ If no, you do not qualify for the Universal license. You may apply by using the Board's license application.

Yes ☐

B. Did your current state or your state of original licensure/certification require you to pass an examination?

No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's license application.

Yes ☐ If yes, did that state require you to complete any education, training and/or experience requirements to obtain this license/certificate?

No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's license application.

Yes ☐

C. Complete the following table and include all **current** and **expired** licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States.

A *Certification of Licensure/Letter of Good Standing** must be emailed from the state board/regulatory body directly to the Board for Hearing Aid & Opticians at hasopt@dpor.virginia.gov and must be dated within the last **60 days** from each jurisdiction.

State/Jurisdiction	License, Certification or Registration Number	Did you pass an examination?	Expiration Date
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	
		Yes ☐	

- ♦ *Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.*

D. Do you have any unresolved complaints or investigations pending against you at the time you submitted this application?

No ☐

Yes ☐ If yes, please give a brief description of this complaint/pending investigation:

Skip to question #12.

11. For applicants who **do not hold a current** license or certificate.
- A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does not regulate your profession?
- No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's exam & license application.
- Yes ☐ If yes, have you worked in this profession for a least three years?
- No ☐ If no, you do not qualify for a Universal License at this time. You may apply using the Board's license application.
- Yes ☐
- B. Have you ever passed an examination for this profession in any state or territory of the United States?
- No ☐ If no, you **will** be required to take an examination upon the Board's review of your application.
- Yes ☐ If yes, provide the following information about the examination:
- State/Jurisdiction: _____ Date of Examination _____
(MM/YYYY)
- C. List all the state or jurisdiction of the United States where you have practiced this profession:
- | State/Jurisdiction | Profession/Occupation | Dates of Employment | |
|--------------------|-----------------------|---------------------|------------------|
| | | Start (MM/YY) | Finished (MM/YY) |
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- D. An Experience Verification Form must be complete and submitted along with this application. Is one attached?
- No ☐ Yes ☐
- Experience Verification Form is located [here](#) and attached to the back of this application.
12. 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](#).
13. 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](#).

Consent to Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a *Virginia Optician License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

14. 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 _____

**Board for Hearing Aid Specialists and Opticians
UNIVERSAL LICENSE RECOGNITION -**

HEARING AID SPECIALIST & OPTICIANS - EXPERIENCE VERIFICATION FORM

VERIFICATION OF EXPERIENCE GAINED OUTSIDE THE COMMONWEALTH OF VIRGINIA

Section A - To be completed by the applicant.

Section B - To be completed by one of the individuals listed below who will verify the applicant's work experience.

1. Business/Store Owner
2. Business/Store Manager/Supervisor
3. Licensed Hearing Aid Specialist/Audiologist/Optician/Optomestrist
4. Other * : _____

* If "other" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application being processed.

Section A: Applicant

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

Last (required) First (required) Middle Generation

2. Provide **one** of the following identification numbers*:

☐ **Social Security Number** and/or

				-			-				
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☐ **Virginia** DMV Control Number

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➤ 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.

3. Mailing Address (PO Box accepted)

City State Zip Code

4. Contact Numbers

Primary Telephone

Alternate Telephone

5. Email Address

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

6. Select the License type you are applying for:

☐	Hearing Aid Specialist
☐	Optician

7. I, the undersigned, certify that the foregoing answers and statements are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also understand that providing false information may result in denial of a license or possible disciplinary action.

Applicant's Signature _____ Date _____

Section B: Verifier (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

Name _____

Contact Number _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

☐ Business/Store Owner

☐ Business/Store Manager/Supervisor

☐ Licensed Professional: ☐ Hearing Aid Specialist ☐ Audiologist ☐ Optician ☐ Optometrist

License Number _____ State/Jurisdiction _____

☐ Other* - Provide a brief description of you relationship to the applicant: _____

*Others may be a client, other unlicensed verifier or copy of income tax returns filed with the IRS. A spouse or family member should not be used to verify experience.

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

- This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed Hearing Aid Specialist or Optician within the Commonwealth of Virginia. Your response is appreciated.

4. Where did the applicant gain this experience described above in question #3?

A. Name of Business Entity/Store _____

B. Business Entity/Store Address _____

City _____ State _____ Zip Code _____

5. Provide the date(s) of when this experience was obtained: _____

6. I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brought against them.

Verifier's Signature _____ Date _____