Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
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Department of Professional and Occupational Regulation

Board for Hearing Aid Specialists and Opticians
OPTICIANS LICENSE REINSTATEMENT APPLICATION
Fee $225.00

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.

1. Provide your expired Opticians License number and expiration date below:

   Virginia License Number | 1 | 1 | 0 | 1 | | | | | | | Expiration Date* _____

   * If the license has expired more than 60 months, the individual must show proof of continuous, active, ethical, and legal practice outside of Virginia. If not, the individual cannot reinstate their license and shall be required to meet all current education requirements and retake the board's written and practical examination. To reapply, use the *Optician Examination and License Application*.

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

7. Street Address (PO Box not accepted)
   PHYSICAL ADDRESS REQUIRED

   ☐ Check here if Street Address is the same as the Mailing Address listed above.

   _____
   _____ 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. Did your Virginia Optician License expire **more than** 24 months ago, but less than 60 months ago?

    No ☐ If no, skip to question #12.

    Yes ☐

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			4020		1101	

11. Which requirement have you met in order to qualify for reinstatement of your Virginia Optician License? (Select only one.)

☐ Continuous, active, ethical and legal practice of Opticianry outside Virginia

☐ Completion of a board-approved review course which measures current competence

School Name & Location _____

Date Enrolled _____ Date Completed _____

Required Attachment(s): *Documentation verifying completion of the requirement you select must accompany this reinstatement 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 _____