



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

APPLICATION FOR OPTOMETRY LICENSURE BY RECIPROCITY

IDENTIFICATION

- 1. Name: _____
- 2. Street Address: _____
- City: _____ State: _____ Zip: _____
- 3. Phone _____ Evening _____
- 4. Email Address _____
- 5. Social Security Number _____

OPTOMETRIC EDUCATION

- 5. Name and Location of College(s) Attended : _____

- 6. Degree(s) and Date(s) Received: _____

Have an official transcript sent from the college of optometry directly to the Board.

EXAMINATIONS

- 7. Have you passed all parts of the national board examination and the Treatment and Management of Ocular Disease (TMOD)? Yes No **If yes, have an official copy of the National Board scores for Parts I, II, III and TMOD sent from the National Board of Examiners in Optometry directly to the Board.**
- 8. Are you certified to perform CPR on adults and children? Y Yes No If yes, submit a copy of the front and back of your CPR card.

LICENSURE

- 9. List all States where you have been licensed to practice optometry and your license number in each State

(If never license write "None")

Arrange for each State in which you have ever been licensed to send a "letter of good standing" directly to the Board. Also, submit a report from the Healthcare Integrity and Protection Data Bank.

- 10. When do you plan to begin practicing in Delaware? _____

11. Have you practiced optometry five years or longer? Yes No If yes, please complete the chart below and submit documentation of your work history from persons in a position to know. If needed, continue on a separate sheet. If no, you are required to complete an internship. Arrange for a "Statement of Supervising Doctor" to be sent to the Board.

EMPLOYER/ PRACTICE NAME	ADDRESS WHERE PRACTICED	NATURE OF PRACTICE (e.g., therapeutic optometrist)	DATES OF EMPLOYMENT

12. Have you excessively used or abused drugs, including alcohol, narcotics or chemicals? Yes No
If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.

13. Have you ever had your professional license or certificate subject to disciplinary action Yes No
(including, but not limited to, consent agreements, fines, probation, suspension or revocation) in any jurisdiction? **If yes, submit a letter giving a complete explanation.**

14. Has any jurisdiction ever rejected your application or revoked your professional Yes No
license or certificate? **If yes, submit a letter giving a complete explanation.**

15. Are there any complaints currently pending against you in any jurisdiction? Yes No
If yes, submit a letter giving a complete explanation.

16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* Yes No
(no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? **If yes, submit a certified copy of your criminal history record.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

Applicant's Signature: _____

Sworn to and subscribed to before me this _____ day of _____ in the year _____

NOTARY PUBLIC _____

AFFIX SEAL

My commission expires: _____