# Application for Examination & Licensure

## OREGON BOARD OF OPTOMETRY

By completing and signing this application, I hereby apply to be considered for licensure as an optometrist by the Oregon Board of Optometry under the standards, qualifications and procedures established in Oregon Revised Statutes 683.

Full legal name: _____
*(Please print)* *First* *Middle* *Last* *Suffix*

Other names ever used: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____

Phone: Home: _____ Cell: _____ Work: _____

Date of birth: _____ Place of birth: _____

Social Security Number: _____ - _____ - _____ Gender: ☐ Female ☐ Male

College Education (non-optometric undergraduate and graduate work):

| *Institution name/location* | *From* | *To* | *Degree/Standing* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Optometric education (also submit certified transcript of your college or university record):

| *Institution name/location* | *Graduation date* | *Degree/Standing* |
|---|---|---|
| | | |

National Board rating (also submit a certified copy of your NBEO transcript):

| *Date(s) of examination* | *Sections passed* |
|---|---|
| | |

If you answer "Yes" to any of questions 1-9 below, you must submit additional supporting documentation for that question. For questions 2-9, this documentation must include a written letter of explanation from you giving full details and certified copies of any disciplinary actions, police reports, court documents, medical evaluations or any other pertinent information.

1. Are you or have you ever been licensed or certified as an optometrist in any other state(s) or jurisdiction(s)? ☐ Yes ☐ No. If "Yes," list state and date of licensure for each. You must have verification of licensure and disciplinary history sent directly to the Board from each other state or jurisdiction in which you have ever been licensed, even if you did not practice there.

   _____

   _____

   _____

2. Has any state or ever other jurisdiction rejected your application or suspended or revoked your professional license or certificate? ☐ Yes ☐ No

3. Have you ever voluntarily surrendered a license to practice optometry? ☐ Yes ☐ No

4. Have you ever been arrested, or charged with or convicted of a misdemeanor or felony? ☐ Yes ☐ No

5. Are there any pending criminal actions against you that could result in your imprisonment in any local, state or federal institution or other jurisdiction? ☐ Yes ☐ No

6. Has there been any disciplinary action, investigation, sanction, judgment or injunction ever brought against you by an optometry school or program, governmental jurisdiction, professional organization, licensing agency or regulatory board including any disciplinary actions by the US Military, US Public Health Service or other entity? ☐ Yes ☐ No

7. Have you ever been the defendant in a civil suit concerning activities relating to optometry? ☐ Yes ☐ No

8. Are you aware of any physical or mental condition that would inhibit your ability to practice safely? ☐ Yes ☐ No

9. Have you ever received treatment or counseling for abuse of alcohol, drugs or mind-altering substances? ☐ Yes ☐ No

10. I, the undersigned applicant, attest that:

    - I have requested a copy of my transcripts to be sent to the Board;
    - I have read and understand the Administrative Rules and Revised Statutes of the State of Oregon relating to admission to the practice of optometry in Oregon and I make this application in accordance with those rules;
    - I fully realize that the determination of whether I may be allowed to practice optometry in Oregon depends on the truthfulness and completeness of my answers in this application and the information furnished with it;

- I understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one. Should anything occur or be discovered between the time this application is submitted and the time I am licensed that would change or render incomplete any portion of the information furnished in connection with this application, I will promptly notify the Board and furnish the necessary information to correct or complete my application;
- I will provide any further information required by the Board in connection with my application;
- I hereby authorize the Oregon Board of Optometry or any agent or authorized representative thereof to make a complete investigation of my character, financial responsibility and general fitness to practice optometry in Oregon, including criminal history background;
- I hereby release and exonerate any person or organization supplying requested information in connection with this application, or the investigation described above, from liability of any kind resulting from the investigation or from furnishing information; and
- I have attached a passport-style photograph of myself taken within the past year. On the photograph, I have signed and dated across the bottom front in ink, being careful not to mar the features.

***Paste or tape a recent passport-style photograph of yourself here.***

***On the photograph, sign and date across the bottom front in ink.***

By my notarized signature below, I declare that I am the person described in this application for licensure. I have carefully read the questions and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice optometry in the state of Oregon.

I authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities to release to the Oregon Board of Optometry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information that is material to my application.

_____ _____

Applicant's legal signature Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public signature: _____

Notary Public for: _____

My commission expires: _____

## Race/Ethnicity/Language Information Requested

The 2001 Legislature passed Senate Bill 786 (ORS Chapter 973), which requires that health professional regulatory boards maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the 2003 Legislature. This law was the result of a study performed by the Governor's Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

***Providing the following racial and ethnic information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.***

**Race:** *Please check one.*

☐ White/Caucasian (not of Hispanic origin)
☐ Black/African American (not of Hispanic origin)
☐ Asian
☐ Hispanic/Latino
☐ Native American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Some other race

**The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.**
***Race: Bold italic text (White, Black/African American, Asian, Hispanic, etc.)***
*Ethnicity: Italic text under the Race headings (English, Dutch, Irish, Norwegian, Russian, etc.)*

**Race:** The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

***White/Caucasian*:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as White or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.*

***Black/African American:*** A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as Black, African American, or Negro, or provide written entries such as *African American, Afro-American, Kenyan, Nigerian, or Haitian.*

***Asian:*** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, and Other Asian.

- *Asian Indian* - Includes people who indicate their race as Asian Indian or identify themselves as Bengalese, Bhara, Dravidian, East Indian, or Goanese.
- *Chinese* - Includes people who indicate their race as Chinese or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.
- *Filipino* - Includes people who indicate their race as Filipino or who report entries such as Philipino, Philipine, or Filipino-American.

- *Japanese* - Includes people who indicate their race as Japanese or who report entries such as Nipponese or Japanese-American.
- *Korean* - Includes people who indicate their race as Korean or who provide a response of Korean-American.
- *Vietnamese* - Includes people who indicate their race as Vietnamese or who respond Vietnamese-American.
- *Cambodian* - Includes people who provide a response such as Cambodian or Cambodia.
- *Hmong* - Includes people who provide a response such as Hmong, Laohmong, or Mong.
- *Laotian* - Includes people who provide a response such as Laotian, Laos, or Lao.
- *Thai* - Includes people who provide a response such as Thai, Thailand, or Siamese.
- *Other Asian* - Includes people who provide a response of BangIadeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

***Hispanic/Latino:*** A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American,* or other Spanish cultures, regardless of ethnicity.

***Native American Indian and Alaska Native:*** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- *American Indian* - Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.
- *Alaska Native* - Includes Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

***Native Hawaiian and Other Pacific Islander***: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- *Native Hawaiian* - Includes people who indicate their race as Native Hawaiian or who identify themselves as Part Hawaiian or Hawaiian.
- *Guamanian or Chamorro* - Includes people who indicate their race as such, including Chamorro or Guam.
- *Samoan* - Includes people who indicate their race as Samoan or who identified themselves as American Samoan or Western Samoan.
- *Other Pacific Islander* - Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

***Some Other Race:*** Includes all other responses not included in the race categories described above.

## Privacy Act Notification

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Optometry. This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a). Failure to provide your Social Security Number will be a basis to refuse to issue your license. The Board will maintain a record of your Social Security Number in your licensing records. The Board is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB)
- 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.

## Instructions:

Mail the completed application and a check or money order for the proper amount made out to the Oregon Board of Optometry at the address below. Application fees are non-refundable.

- Initial License: $200
- Licensure by Endorsement: $300

***Note:*** Oregon renews optometry licenses based on the birth month of the licensee. Your first period of licensure is included in your application fee, and your first annual renewal will be due on the first day of the month in which you were born.

This means that if your license becomes effective in July, and you were born in June, you will have nearly a year of licensure included in your application fee. However, if your license becomes effective in July and you were born in August, your first renewal will be due almost immediately.

The Board's staff will work with you and will delay the effective date of your license upon request if you wish to qualify for licensure in advance of actually beginning practice. Remember that you may not practice optometry in Oregon without a valid Active license and a reported practice location.

**If you have questions, please call the Board's office at (503) 399-0662 or send an e-mail to: cathy.boudreau@oregon.gov**


# Oregon Board of Optometry

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