



Reactivation Application

OREGON BOARD OF OPTOMETRY

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

E-mail: _____ **Phone:** _____

Instructions:

To reactivate your Oregon license to practice optometry from Inactive to Active Status, you must answer the two questions below. If the answer to either question is "Yes," the OBO Executive Director will contact you for more information. Do not include an explanation with this application.

1. Have you ever been arrested for or convicted of a misdemeanor or felony that you have not previously reported to the Oregon Board of Optometry? ☐ Yes ☐ No
2. Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.) ☐ Yes ☐ No

I am now, or was previously, licensed in the following states from which I have requested that written verification of my license status be sent to the Oregon Board: _____

I certify that the above answers are true. I have enclosed the required proof of continuing education, and a copy of my current BLS CPR certification. I will pay the reactivation fee plus the background check fee if I haven't been actively licensed for two or more years. I have successfully passed the Oregon Optometric Law and Administrative Rules examination, if I have been Inactive for two or more years.

I am requesting an electronic invoice to pay the reactivation and any other fees.

Signature: _____, OD Date: _____

Send this form and all required materials to:

Oregon Board of Optometry

1500 Liberty Street SE, Suite 210 Phones: 971-701-1194 (E.D) 971-701-1603 (Admin Coord)

Salem, Oregon 97302-1338 Fax: 503-914-5142 Email: optometry.board@obo.oregon.gov