



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

Dear Applicant:

Enclosed is an Application for Licensure form for use by optometrists who wish to apply for a license in New Hampshire. Complete the application and return it to this office along with required attachments and payment. An incomplete application will not be accepted by the Board of Registration in Optometry. Once all required documentation and payment have been received, the Board will notify applicants how to proceed with the state law examination. Applicants shall not practice until they have received written confirmation of licensure from the Board.

The application fee is \$320.00. Checks shall be made payable to **Treasurer, State of New Hampshire**. All fees are **non-refundable** and must be submitted with the application for the application to be considered complete and reviewed by the Board. The application fee includes a mandatory Professional Health Program (PHP) fee of \$20.00. For more information on the Program, visit: <http://www.nhphp.org/about/welcome.htm>

Applicants who need additional assistance may email CustomerSupport@oplcnh.gov or call (603)271-2152.

Thank you.

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Optometry
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-2428 · Fax 603-271-6702

APPLICATION FOR LICENSURE
(APPLICATION FEE: \$300 – make check payable to Treasurer, State of NH)

NAME: _____

ADDRESS: _____

_____ PHONE: _____

BIRTHDATE: _____ BIRTHPLACE: _____
City State Country

SOCIAL SECURITY NUMBER: ____ - ____ - ____

EDUCATION*:

College of Arts and Sciences:

Name and Address of Institution

Year of Graduation: _____ Degree Awarded: _____

College of Optometry:

Name and Address of Institution

Year of Graduation: _____ Degree Awarded: _____

Post Graduate Education**

Name and Address of Institution

Hours of Study _____ Clinical Hours _____

*Official Transcripts from each institution attended are required.

**Any applicant who graduated from a college of optometry prior to January 1, 1993 is required to pass a 105 hour post-graduate course, given by an accredited college of optometry, in the Therapeutic Management of Ocular Disease. Of the 105 hours, a minimum of 25 hours must be clinical hours.

EXAMINATIONS

National Board Examination

Date Passed: _____

If National Boards were taken and passed prior to December 31, 1993, the applicant is required to show passage of the separate TMOD examination administered by the NBOE.

NERCOATS

Date Passed: _____

Certified Score Reports received directly from the testing authorities listed above are required.

ADDITIONAL REQUIREMENTS

Letters of Reference: Letters of reference from 2 practicing optometrists who know the applicant professionally must be submitted directly to the Board. These letters must be original signed documents on professional letterhead. Please list the optometrists from whom these letters will be received:

CPR Certification: Proof of standard adult, child and infant CPR Certification from a recognized certifying body is required. A copy of the certificate is acceptable.

Please list of licenses that you currently hold or have ever held.

STATE/COUNTRY TYPE OF LICENSE DATES HELD&REASON FOR LAPSING

The applicant shall be responsible for obtaining verification from all states where he/she holds, or has ever held a license. These verifications must be received directly from the licensing authority (form enclosed).

RESPONSIBILITY OF APPLICANT

RELEASE OF INFORMATION FROM OTHER LICENSING AUTHORITIES

I am applying for a license to practice optometry in the State of New Hampshire. The NH Board of Registration in Optometry requires that the following form be completed by each jurisdiction in which I am now or was previously licensed. This constitutes your authority to release any and all information in your files, favorable or otherwise, directly to the Board of Registration in Optometry, 7 Eagle Square, Concord, New Hampshire 03301 (Telephone number: 603-271-2428). Your early attention in this matter is appreciated.

(Applicant Signature)

(Please type your name)

(To be completed and returned directly to the NH Board at the above address by other Licensing Authority)

- 1. STATE OF: _____
- 2. FULL NAME OF LICENSEE: _____
- 3. LICENSE NUMBER: _____
- 4. IS LICENSE CURRENT?: _____ EXPIRATION DATE: _____
(if not, please explain)
- 5. IS LICENSE RESTRICTED?: _____
- 6. PREVIOUS DISCIPLINARY ACTION?: _____
- 7. PENDING INVESTIGATIONS?: _____

IF THE ANSWER IS YES TO QUESTIONS 5, 6, OR 7, PLEASE ATTACH SUPPORTING INFORMATION.

(BOARD SEAL)

(Signature)

(Title)

DATE: _____