

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

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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@oplc.nh.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: | | | | |
| | P | PHONE: | | |
| BIRTHDATE: | BIRTHPLACE: | 7 | State | Country |
| SOCIAL SECURITY NUMBER: | | y | State | Country |
| CATION*: | | | | |
| College of Arts and Sciences: | | | | |
| Name and Address of Institution | | | | |
| 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.

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

| <u>Letters of Reference</u> : 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 o professional letterhead. Please list the optometrists from whom these letters will be received: |
|--|
| |
| <u>CPR Certification:</u> 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).

| Have you ever been refused a YES NO | license to practice optometry by any licensing authority in any jurisdiction? |
|---|---|
| If YES, please list the denial. | name of the licensing authority, the date of the denial and the reason for the |
| Have you ever had a license to YES NO | practice optometry suspended or revoked in any jurisdiction? |
| If YES, please explain | |
| Have you ever been convicted | of a felony or misdemeanor? YES NO |
| If YES, please list the sentence imposed. | name of the court, the details of the offense, the date of conviction and the |
| and in compliance with the pro | Optometry in the State of New Hampshire, do you agree to practice ethically ovisions of the Revised Statutes Annotated of the State of New Hampshire and Registration in Optometry? YES NO |
| (CURRENT PHOTO) | I,, O.D., herewith apply for examination and licensure to practice Optometry in accordance with RSA 327 and the rules of the NH Board of Registration in Optometry, and hereby certify that I am the applicant identified in this application and that all statements are true and correct to the best of my knowledge and belief, and that the enclosed photograph is a true likeness of myself. |
| ************************************** | Signature of the Applicant DATE *********************************** |
| Date Application Received: | Date of Exam: |
| Fee Paid: | Check No.:Date: |
| License #: | Date of Issue: |

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 Au | thority) |
| 1. | STATE OF: | | |
| | | | |
| 3. | LICENSE NUMBER: | | |
| 4. | | EXPIRATION DATE: | |
| | (if not, please explain) | | |
| 5. | IS LICENSE RESTRICTED?: | | |
| 6. | PREVIOUS DISCIPLINARY AC' | ΓΙΟΝ?: | |
| 7. | PENDING INVESTIGATIONS?:_ | | |
| TP T | | NG 5 (OR 7 DI EAGE ATTACH GUIDDORTDIG | |
| | | NS 5, 6, OR 7, PLEASE ATTACH SUPPORTING | |
| IINF | ORMATION. | | |
| | | | |
| | (BOARD SEAL) | | |
| | (BOTHED SELLE) | (Signature) | |
| | | | |
| | | (Title) | |
| | | (Title) | |
| | | DATE: | |