

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
 7 Eagle Square - Concord, N.H. 03301
 Telephone 603-271-2152

UNIVERSAL APPLICATION FOR INITIAL LICENSE
as tailored for Ophthalmic Dispensers

Full Legal Name: _____
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: _____

Date of birth (MM/DD/YYYY): _____ Gender assigned at birth*: Female Male
* To be used solely for purpose of workforce data analysis by
 New Hampshire Employment Security

Social Security Number*: _____
*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.

Home Physical Address: _____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: () - _____

Designated email address*: _____
* Email address to which notices, license will be sent

If known, anticipated place of business name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () - _____

Applicant's primary language: English Other (specify): _____ Other Languages: _____

Applicant is (check if applicable): Applying for facilitated licensure
 Currently on active military duty*
 Legally married to an individual who is currently on active military duty*
* "On active military duty" means on active duty in the U.S. armed forces.

Does applicant intend to practice in New Hampshire more than 50% of the time, whether in-person or by telehealth?
 Yes No

To assist the OPLC in assessing this program, please identify whether applicant has:

- Passed the NOCE
- Taken courses in the necessary knowledge and skills
- Received training in the necessary knowledge and skills

Information on Current or Past Licensure* in Other Jurisdictions:

Jurisdiction	License Number	Date initially licensed	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

* Includes licenses, certificates, registrations, or other form of approval required to practice

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Background/Character Questions (“you” means the applicant):

Questions:	Yes	No
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
Has any malpractice claim been made against you within the past 10 years?		
Have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting within the past 10 years?		
Have you been denied the privilege of taking an examination required for any professional licensure within the past 10 years?		
Have you committed any act(s) within the past 10 years that would violate the laws or rules that govern the profession for which the application is being filed?		
Have you ever been found guilty or entered a plea of no contest to any felony that is related to professional practice?		
Have you been found guilty of or entered a plea of no contest to, within the past 10 years, any felony that is not related to professional practice, or any misdemeanor?		
Have you ever been the subject of any disciplinary action by any professional licensing authority within the past 10 years?		
Have you, within the past 10 years, been denied a license or other authorization to practice in any jurisdiction?		
Have you, within the past 10 years, surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		

For applicants in any health care profession (information required by RSA 125:25-c):

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)? No Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

Disclosure of Contact Information*:

Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

** OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction.*

Required Documentation

Each applicant must provide the following with this application:

A clear explanation of the relevant circumstances of:

- (1) Any license sanctions, including fines or penalties, imposed administratively or via a court proceeding in a jurisdiction listed above; and
- (2) Any “yes” answer provided to a background and character question that is not covered by (1)

Each applicant on active military duty must provide proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

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Each applicant for facilitated licensure as a military spouse must provide:

- (1) Proof of the spouse's service status as stated above, and
- (2) Proof of marriage in the form of either:
 - a. A copy of the front and back of the applicant's current military spouse identification card; or
 - b. A copy of the applicant's official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

Fee

Application Processing Fee: \$110, except no fee is required for facilitated licensure

If fee is paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire." If your application is denied, the Application Processing Fee will not be refunded.

Signature and Attestation

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant's credentials have not been suspended or revoked by any professional licensing board, unless a written explanation of each such occurrence is being submitted with this application;
- The information and documentation provided are true, complete, and not misleading to the best of the applicant's knowledge and belief;
- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature: _____

Date Signed: _____