

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

UNIVERSAL APPLICATION FOR LICENSE RENEWAL
as tailored for Ophthalmic Dispensers

License Number: _____ Expiration Date (MM/DD/YYYY): _____

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): _____ 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.

Designated email address*: _____

* Email address to which notices, license will be sent

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: () -

Office/Place of business name: _____

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

Telephone number: () -

Other locations where licensee routinely practices name: _____

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

Telephone number: () -

Applicant is: employee subtenant independent contractor owner

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.

Information on Current Licensure* in Other Jurisdictions:

Jurisdiction	License Number	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

Background/Character Questions ("you" means the applicant; "not previously reported" does not include anything not required to be reported for initial licensure):

Questions:	Yes	No
During the last 27 months or not previously reported, have you been found guilty of or entered a plea of no contest to any felony or misdemeanor?		

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Questions:	Yes	No
During the last 27 months or not previously reported, have you been the subject of any disciplinary action by any professional licensing authority?		
During the last 27 months or not previously reported, have you been denied a license or other authorization to practice in any jurisdiction?		
During the last 27 months or not previously reported, have you surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		
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?		
During the last 27 months or not previously reported, has any malpractice claim been made against you?		
During the past 27 months or not previously reported, 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?		
During the last 27 months or not previously reported, have you been denied the privilege of taking an examination required for any professional license?		
During the past 27 months or not previously reported, have you committed any act(s) that would violate the laws and/or rules that govern the profession in which you are licensed?		

Disclosure of personal 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.*

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

Continuing Education (CE):

*****Per Plc 805.04(b), submission of this information shall constitute the applicant's attestation that the applicant has met all continuing education requirements of RSA 327-A:14 and Plc 800.*****

Total number of CE credits earned since the beginning of the current registration term: _____

For each CE program for which credit is claimed:

Program Name	Date(s)	Sponsor Name and Address	# CE Hours Claimed

Required Documentation

Each applicant must provide the following with this application:

- A clear explanation of the relevant circumstances of any “yes” answer provided to a background and character question; and
- If a credential from a regional or national organization is required for renewal licensure, proof that the applicant holds the credential.

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/>.

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, or a written explanation of each such occurrence is being submitted;
- If required by applicable law, the applicant has completed the survey or opt-out form provided by the Office of Rural Health, Department of Health and Human Services;
- 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: _____