

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

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In order for you to receive consideration for reinstatement, it will be necessary for you to complete the following requirements:

1. Complete and return the enclosed application along with the \$300.00 fee.
2. Submit a copy of a certificate certifying completion of cardio-pulmonary resuscitation (CPR), level C for adult, child and infant life support.
3. Submit proof of completion of continuing education which meets the requirements of Opt 402.

When the above documentation is received in this office, it will be presented to the Board for their consideration of reinstatement at their next regularly scheduled meeting. The Board meets once a month.

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**O.D. 30 DAY REINSTATEMENT APPLICATION**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

PRESENT PLACE OF PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

**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.

**Continuing Education Requirements:** Submit proof of completion of continuing education which meets the requirements of Opt 402.

Have you ever been refused a license to practice optometry by any licensing authority in any jurisdiction? YES\_\_\_\_\_ NO\_\_\_\_\_

If YES, please list the name of the licensing authority, the date of the denial and the reason for the denial.

Have you ever had a license to practice optometry suspended or revoked in any jurisdiction? YES\_\_\_\_\_ NO\_\_\_\_\_

If YES, please explain:

Have you ever been convicted of a felony or misdemeanor? YES\_\_\_\_\_ NO\_\_\_\_\_

If YES, please list the name of the court, the details of the offense, the date of conviction and the sentence imposed.

If granted a license to practice Optometry in the State of New Hampshire, do you agree to practice ethically and in compliance with the provisions of the Revised Statutes Annotated of the State of New Hampshire and with the Rules of the Board of 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 Applicant

\_\_\_\_\_  
DATE

**FEE: \$300.00 – CHECK MADE PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE.**

\*\*\*\*\*

**FOR BOARD USE ONLY**

Application received \_\_\_\_\_, 20\_\_\_\_. Fee Paid: \$ \_\_\_\_\_

Check Number \_\_\_\_\_

**CONTINUING EDUCATION FORM**

PLEASE PRINT

**\*\*PLEASE CHECK ONE:** \_\_\_\_\_ TPA/g    \_\_\_\_\_ TPA    \_\_\_\_\_ Non-TPA

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

Please list below all activities pursued for continuing education during the past calendar year. A minimum of 15 annual hours is required for non-TPA certified optometrists. 50 hours, including a minimum of 20 class I hours, is required every year for TPA certified optometrists. **NOTE:** Please attach attendance slips for Class I continuing education and an activity list (next page) for Class II continuing education.

**TPA/g Optometrists - CLASS I CONTINUING EDUCATION**

Required hours in glaucoma specific education: A minimum of 7 Class I hours shall be by participation in formal courses and 3 hours may be by independent study.

DATE	TOPIC	SPONSORING ORGANIZATION	HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			_____

**TPA and Non-TPA Optometrists - CLASS I CONTINUING EDUCATION**

A minimum of 20 hours shall be by participation in formal courses and the remainder by independent study.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			_____

(CONTINUE ON BACK IF NEEDED)

**TOTAL CLASS II HOURS FOR THE PAST CALENDAR YEAR** \_\_\_\_\_

INDEPENDENT STUDY ACTIVITY LOG  
**New Hampshire Board of Registration in Optometry**

**Activity/Title:** \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_  
\_\_\_\_\_

**Activity/Title:** \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_  
\_\_\_\_\_

**Activity/Title:** \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_  
\_\_\_\_\_

**Activity/Title:** \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_  
\_\_\_\_\_

**Activity/Title:** \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_  
\_\_\_\_\_