



APPLICATION FOR OPTOMETRIST LICENSURE GEORGIA STATE BOARD OF OPTOMETRY

237 Coliseum Drive, Macon, Georgia 31217

Please read these instructions carefully. It is your responsibility to be familiar with the laws and rules governing the practice of Optometry in the State of Georgia. The Board's Laws & Rules and Candidate Information Bulletins are available at: [Georgia State Board of Optometry | Georgia Secretary of State \(ga.gov\)](http://Georgia State Board of Optometry | Georgia Secretary of State (ga.gov))

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed or approved by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. **Incomplete applications are void and are withdrawn after sixty (60) days pursuant to administrative policy.**

Please use these directions to ensure that you submit a COMPLETE application. **Please complete the application in its entirety** and submit with the non-refundable application fee of **\$310**. Application fee includes a \$10 mail in application processing fee. Checks or Money Orders should be made payable to the Georgia State Board of Optometry.

ALL CANDIDATES FOR LICENSURE MUST SUBMIT THE FOLLOWING DOCUMENTS:

- Application (completed in its entirety) and fee mailed to the Board at the address above.
- Secure and Verifiable Document – see attached document
- Any question answered “yes” requires further documentation be submitted. Attach an explanation if you have had any criminal convictions, charges, or sanctions by this Board or any other state licensing board. Final review of your application will take place during a scheduled Board meeting once written verification that you have passed all exams and any other required documents have been received. Please be patient as it takes time to prepare all files and documentation for Board review.
- Official transcript from the College of Optometry (showing completion of program and graduation date) mailed separately by school to Georgia State Board of Optometry, 237 Coliseum Drive, Macon, GA 31217. An electronic version submitted by the school to the Board is also acceptable: ExamBoards-Healthcare@sos.ga.gov
- Applicant must have graduated from an approved College of Optometry in the United States, its Territories, or Canada (applicants outside of the United States, its territories, or Canada do not qualify).
- Certified scores of the National Boards of Examiners in Optometry (NBEO) Parts I, II (including TMOD) and III (showing successful completion) should be mailed directly to our office: Georgia State Board of Optometry, 237 Coliseum Drive, Macon, GA 31217.
- Applicants must provide Certified passing scores of the National Board of Examiners in Optometry (NBEO) Parts I, II (includes TMOD), and III. For your convenience, the telephone number and website for the NBEO is: (704) 332-9565 or (800)969-EXAM (3926) * www.optometry.org
- Applicants must also take and pass the Georgia Optometry Jurisprudence (Laws & Rules) Exam before you will be considered for licensure in Georgia.

The Georgia Board of Optometry Laws & Rules exam is administered by the vendor PSI. Once you qualify for the examination, you will be contacted by PSI to schedule a date/time.

NOTE: You must refer to the NBEO website www.optometry.org for details about any application deadlines and exam dates offered through NBEO. The National Boards of Examiners in Optometry (NBEO) offers a “stand alone” Treatment and Management of Ocular Disease (TMOD) exam for candidates who have an overall passing score on Part II, but fail the TMOD portion of the Part II exam. If a candidate fails Part II overall, Part II must be taken over. Remember candidates must register with both the State Board and the NBEO, to be eligible to take the exam at an NBEO administration.

- All applicants for licensure must currently be certified in Coronary Pulmonary Resuscitation (CPR) and provide verification with this application.
- Verification of a minimum of one million dollars (\$1,000,000) in malpractice insurance coverage is required to be submitted to the Board within thirty (30) days of initial licensure. **The policy must list your name.** Failure to provide proof of coverage may result in disciplinary action.

For Exam Takers:

DISABILITY- If you have a disability and require any accommodations to sit for the exam, submit the Board form: **REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES** to the Board.

VETERANS PREFERENCE POINTS (VPP) - Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Applicants requesting VPP’s must submit a request for the points and a copy of their DD-214 with their application.**

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA BOARD OF OPTOMETRY
 237 Coliseum Drive * Macon, GA 31217 * (404) 424-9966
[Georgia State Board of Optometry | Georgia Secretary of State \(ga.gov\)](http://Georgia State Board of Optometry | Georgia Secretary of State (ga.gov))

APPLICATION FOR GEORGIA OPTOMETRIST LICENSE

Method Obtained by:

Applicant is applying for licensure by Exam/Application (X)

Non-Refundable application fee: **\$310**
(Includes \$10 mail in application processing fee)

Personal Information:

1. Name

LAST FIRST MIDDLE MAIDEN

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

LAST FIRST MIDDLE MAIDEN

3. Social Security #: | | | - | | | - | | | | **Date of Birth:** | M | M | - | D | D | - | Y | Y | Y | Y |

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

4. Gender: Male Female

5. Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

6. Mailing

Address:

(*ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX ACCEPTABLE)

APT #

CITY

STATE

ZIP

7. Daytime Phone #: | | | - | | | - | | | |

Evening Phone #: | | | - | | | - | | | |

8. E-mail Address: _____ **Fax Number:** _____

You must immediately notify the Board in writing of address changes or make the changes yourself in your online license account.
 *Pursuant to O.C.G.A. 43-1-2 (k) your name, city, state, and license number are public information.

Professional Education and Licensure:

Highest Degree Earned:

- Doctoral Degree
- Master's Degree
- Bachelor's
- Diploma/Certificate
- Other (please specify) _____

Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university):

Name of School	Address (City and State)	Zip Code
Dates Attended: _____ Degree (s) Earned: _____		
Month/Year		
Date Graduated: _____ Major: _____		

Name/Address of Graduate School/University:

Name of School/University	Address (City and State)	Zip Code
Dates Attended: _____ Degree (s) Earned: _____		
Month/Year		
Date Graduated: _____ Major: _____		

Name/Address of Post-Graduate School/Hospital (if applicable):

Name of School/Hospital	Address (City and State)	Zip Code
Type of Training: _____ Dates Attended: _____		

NOTE: Be sure your school submits your official optometry transcript showing completion of the program and graduation date directly to: Georgia Board of Optometry, 237 Coliseum Drive, Macon, Georgia 31217.

Are you licensed to practice Optometry in any State(s)? () Yes () No

If yes, list all states in which you have been licensed as an optometrist. Request official certification (s) from each state Licensing Board where you hold a license by submitting the attached Certification of Licensure Form.

STATE	DATE OF LICENSURE

Previous Disciplinary and Criminal Conviction Information:

Have you ever had any restrictions as a Medicaid or Medicare provider? () Yes () No **If yes, attach an explanation.**

Board Disciplinary Actions/Legal Convictions: Answer **BOTH** Questions (A & B):

A. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

No Yes

If “yes,” please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

If you answered “yes” to this question, you would need to print out and complete the Background Consent Form and submit it with this application. The form is on the same webpage you found this application. Failure to provide this consent form will delay the processing of your application.

B. Has any licensing board or agency* in Georgia or any other state ever:

- (a) denied your application for licensure, renewal or reinstatement? No Yes
- (b) revoked, suspended, restricted or probated your license? No Yes
- (c) requested or accepted surrender of your license? No Yes
- (d) reprimanded, fined or disciplined you? No Yes

If “**yes**”, have you included a **certified copy** of that board or agency’s* action against your license with relevant supporting documents in a **sealed envelope from the board or agency** with your application?

No Yes

Have you included a personal, **detailed notarized letter** explaining each incident? No Yes

Provide the name of the agency or board in the space provided.

_____ *** Name of agency or board**

Employment Information – List your most recent employer to verify active practice of optometry and list all past employment within the last (5) five years (Add additional pages if needed):

PLACE OF PRACTICE Name of Agency / Address City / State	PRACTICE YEAR (S) From - To (mo/yr)- (mo/yr)

AFFIDAVIT OF CITIZENSHIP
Georgia Board of Optometry
Professional Licensing Boards, 237 Coliseum Drive, Macon, Georgia 31217

Print Name: _____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ **I am a United States citizen. You must submit a copy of a Secure and Verifiable Document (SVD) with this application** - such as a state driver's license, US Passport – See listing of acceptable SVD's on the website.

- 2) _____ **I am not a United States citizen**, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s)** which includes either your Alien number or your I- 94 number and, if needed, SEVIS number.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____(city), _____(state).

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires:

CERTIFICATION OF LICENSURE

This form may be used by any states in which you hold or have ever held an Optometry license to verify the license. The form should be completed by the state licensing agency and returned:

By USPS Mail Service to the following address:

GEORGIA BOARD OF OPTOMETRY, 237 COLISEUM DRIVE, MACON, GA 31217

By E-Mail to: verifications@sos.ga.gov Or, by fax to 866-888-7127

(Electronic submissions must contain all the information noted below)

Optometry License Number _____ to practice Optometry in the State of _____

was issued on _____ to Dr. _____

Is this license current and in good standing?

Yes No*

Expiration Date: _____

Have all continuing education requirements been met?

Yes No*

Has any disciplinary action ever been taken against this optometrist?

Yes* No

Is there any disciplinary action pending against this optometrist?

Yes* No

***PLEASE PROVIDE COMPLETED DETAILS INCLUDING COPIES OF ANY DOCUMENTS**

Signed _____ Date _____

Title: _____

State Board _____ Telephone Number () _____

(seal)

**(PLEASE MAKE COPIES AS NEEDED TO SUBMIT TO EACH STATE
IN WHICH YOU HOLD A LICENSE TO PRACTICE OPTOMETRY)**