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STATE OF DELAWARE  
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

## APPLICATION FOR OPTOMETRY LICENSURE

### IDENTIFICATION

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Intended Residence (if different from the above): \_\_\_\_\_  
\_\_\_\_\_

4. Phone: \_\_\_\_\_ (day time) \_\_\_\_\_ (evening) Email: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

### OPTOMETRIC EDUCATION

6. Name and Location of College(s) Attended: \_\_\_\_\_  
\_\_\_\_\_

7. Degree(s) and Date(s) Received: \_\_\_\_\_

**Have an official transcript sent from the college of optometry directly to the Board.**

### EXAMINATIONS

8. Have you passed all parts of the national board examination and the TMOD? Yes \_\_\_ No \_\_\_

**Have an official copy of the National Board scores for Parts I, II, III and TMOD sent from the National Board of Examiners in Optometry directly to the Board.**

9. Are you certified to perform CPR on adults and children? Yes \_\_\_ No \_\_\_ If yes, submit a copy of the front and back of your CPR card.

### LICENSURE

10. List all States where you have been licensed to practice optometry: \_\_\_\_\_  
(If never licensed, enter "None.")

**Arrange for each State in which you have ever been licensed to send a "letter of good standing" directly to the Board. The letter must show whether any disciplinary actions have been taken or are pending, Also, submit a report from the Healthcare Integrity and Protection Data Bank.**

11. Have you practiced optometry five years or longer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the chart below and submit documentation of your work history from persons in a position to know. If needed, continue on a separate sheet. If no, you are required to complete an internship. Arrange for a "Statement of Supervising Doctor" to be sent to the Board.

EMPLOYER/ PRACTICE NAME	ADDRESS WHERE PRACTICED	NATURE OF PRACTICE (e.g., therapeutic optometrist)	DATES OF EMPLOYMENT

12. When do you plan to begin practicing in Delaware? \_\_\_\_\_

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, submit a certified copy of your criminal history record.**

14. Have you excessively used or abused drugs, including alcohol, narcotics or chemicals? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

15. Has your license, certification or registration as an optometrist been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, submit a certified record of the underlying grounds for the action to the Board.**

16. Has any disciplinary action against your license been taken by the appropriate licensing authority in any other jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, have the authority that took the action send a certified record of the underlying grounds for the action to the Board.**

**The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 8-12 weeks to receive your license.**

### **AFFIDAVIT**

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

Applicant's Signature: \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

AFFIX SEAL

My commission expires: \_\_\_\_\_