



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF EXAMINERS IN OPTOMETRY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR UPGRADE TO THERAPEUTIC OPTOMETRIST LICENSURE INSTRUCTION SHEET

When to Apply for Upgrade

File this application to upgrade to Therapeutic Optometrist licensure if you

- hold a *current* Delaware Diagnostic Optometrist license
- have *completed* 40 hours of therapeutic experience
- have passed the treatment and management of ocular disease (TMOD) portion of the National Board of Examiners in Optometry (NBEO) examination

The therapeutic certification requirements are in Section 11.0 of the Board's [Rules and Regulations](#).

If you do not hold a *current* Delaware Diagnostic Optometrist license, you must apply by [internship](#) or [reciprocity](#).

Requirements for All Applicants

The following are required for upgrade.

- Submit completed, signed and notarized [Application for Upgrade to Therapeutic Optometrist Licensure](#).
- Enclose the [upgrade fee](#) by check or money order made payable to "State of Delaware."
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
- If you passed the NBEO's TMOD examination *before 2007*, arrange for the Board office to receive an official report of your passing scores, sent *directly* from NBEO to the Board office.
 - If you passed the NBEO in 2007 or later, the Board office generally will have already received your score report from NBEO. If it does not have your scores, the Board office will notify you to request a score report.
 - For information about the exam and requesting score reports, see the NBEO website at www.optometry.org
- Submit a copy (front and back) of your current CPR certification for adults and children.
- Arrange for the Board office to receive a letter from your supervising doctor stating that you have completed 40 hours of TMOD training under his/her supervision, sent directly from your supervising doctor to the Board office.
 - Your supervising doctor must be a therapeutically-certified optometrist, a medical doctor, or an osteopathic doctor.
 - If your supervising doctor is a therapeutically-certified optometrist practicing in a jurisdiction other than Delaware, submit a copy of that jurisdiction's law and regulations on the practice of optometry. The Board will review the therapeutic practice standards in the other jurisdiction to determine if they are similar to Delaware's standards. You must complete the 40 hours of TMOD Training within the 24 months before you file this upgrade application. . No clinical experience older than 24 months (prior to application) will be accepted for therapeutic licensure.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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APPLICATION FOR UPGRADE TO THERAPEUTIC OPTOMETRIST LICENSURE

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last/Family First Middle
2. Other Names Used: _____
(Include maiden, former married names and alternate spellings.)
3. Date of Birth (month/day/year): _____ Gender: Male Female
4. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____
City State Zip
6. Phone: _____ Email: _____
daytime evening or cell

THERAPEUTIC CERTIFICATION REQUIREMENTS

7. Enter your current Delaware Diagnostic Optometrist license number: I2 - _____
8. Have you passed the TMOD portion of the NBEO examination? Yes No
If you passed the NBEO examination before 2007, arrange for the Board office to receive an official report of your passing scores on TMOD, sent directly from NBEO to the Board office.
9. Do you hold current certification to perform CPR on adults and children? Yes No
Submit a copy (front and back) of your current CPR certification for adults and children.
10. Have you completed 40 hours of TMOD training under the supervision of a therapeutically-certified optometrist, medical doctor or osteopathic doctor? Yes No **If yes, enter the following information about experience:**
Enter Period of Supervised TMOD Training: From: _____ To: _____
month/year month/year
Supervising Doctor: _____ Physician Therapeutic Optometrist
Arrange for the Board office to receive a letter from your supervising doctor, sent directly from the supervising doctor to the Board office, stating that you have completed 40 hours of TMOD training under his/her supervision. If you checked *Physician*, skip to the DUTY TO REPORT section. If you checked *Therapeutic Optometrist*, continue with the next question.
11. Where did your supervised TMOD training occur? Delaware Other Jurisdiction **If you checked *Other Jurisdiction*, enter the jurisdiction(s) and submit a copy of the jurisdiction's law and regulations on the practice of optometry:** _____

DUTY TO REPORT

12. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

13. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

To assure that your application is ready for Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board’s meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded.

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. I understand that the application fee is not refundable.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.

