

IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail:



GEORGIA BOARD OF OPTOMETRY

237 Coliseum Drive, Macon, GA 31217

(478) 207-2440

www.sos.georgia.gov/plb/optometry

GEORGIA LAW RE-EXAMINATION CANDIDATES

****IMPORTANT****

Re-Exam applications must be submitted within one year of original application for licensure. If your original application for licensure has expired you must re-submit a new application for licensure not a re-exam application. Failure to submit appropriate application will delay your licensure.

*If you plan to take the Georgia Law Exam with the National Board of Examiners of Optometry (NBEO),
Send only this application to: 237 Coliseum Drive, Macon, Georgia 31217-3858

Please pay the NBEO fee as directed to NBEO. And visit the NBEO website for details for testing. Their address is:
200 E College St., Ste 1920, Charlotte, NC 28202
(704) 332-9565 or (800) 969-3926 * www.optometry.org

Georgia Board of Optometry
237 Coliseum Drive, Macon, Georgia 31217

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 * (478) 207-2440
www.sos.georgia.gov/plb/optometry

APPLICATION FOR RE-EXAMINATION

Method Obtained by:

Applicant is applying for licensure by re-examination: (X) Application

Mark Appropriate Response:

- () I will take the Law exam administered through PSI. I have registered with PSI and paid fees directly to PSI.
- () I will take the Law exam administered through NBEO. I have registered with NBEO and paid fees directly to NBEO.

Part I: Personal Information

1. Legal Name to appear on License:

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 Race: _____ Ethnicity: _____ (Hispanic or Latino) _____ (Not Hispanic or Latino)

4. Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX, NOT ACCEPTABLE) APT # CITY STATE ZIP

5. Mailing

Address:

(ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX ACCEPTABLE) APT # CITY STATE ZIP

6. Daytime Phone #:

_____-_____-_____

Evening Phone #:

_____-_____-_____

7. E-mail Address: _____ Fax Number: _____

8. I am a U.S. citizen I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS, and provide required documentation.

9. Country of Birth: _____

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

Part II: Professional Education and Licensure:

1. Highest Degree Earned:

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

2. 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: _____ | | |
| <small>Month/Year</small> | | |
| Date Graduated: _____ Major: _____ | | |

3. Name/Address of Graduate School/University:

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

4. 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.

5. 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 |
|-------|-------------------|
| | |
| | |
| | |
| | |

Part III: Previous Disciplinary and Criminal Conviction Information:

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

NOTE: The consent form for a background check attached must be completed, signed and returned with your application and supporting documents.

8. Board Disciplinary Actions/Legal Convictions: Answer BOTH Questions:

A. Since your original application, have you ever been arrested, convicted, sentenced, plead guilty, pled nolo contendere or given first offender status which is: (a) a misdemeanor; (b) a felony; (c) a crime involving moral turpitude; (d) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (e) any offense other than a minor traffic violation? **Note: Even if probation completed or first offender status granted.**

No Yes

If "yes", have you included a **certified copy** of the court records and final disposition in a **sealed envelope from the court** with your application?

No Yes

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

B. Since your original application, 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

Part IV: Employment Information:

9. List your most recent employer to verify active practice of optometry and list all past employment within the last (5) five years:

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

Part V:

10. AFFIDAVIT OF APPLICANT:

The facts set forth in this application for licensure as an Optometrist is true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure. The Georgia State Board of Optometry is hereby authorized to request any criminal history or additional information concerning me from any state or local criminal justice agency.

_____ (Applicant's Full Name - Printed)

_____ (Signature of Applicant)

_____ (Date Signed)

State of _____ County of _____

_____ (City/Zip)

Being duly sworn, says that he/she is the person who executed the above application for a certificate to herein is true in every respect. **Applicant's signature and notarization should occur on the same date.**

Sworn to and subscribed before me this

_____ day of _____, 20 ____.

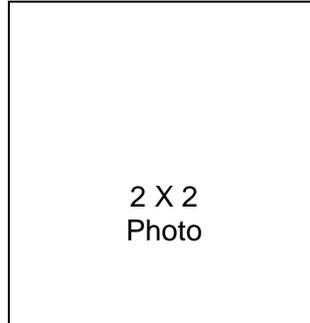
_____ (Notary Public)

My Commission Expires _____

(seal)

12. Attach Recent Photograph Here:

Attach one 2x2 head and shoulder passport photograph taken within the last six (6) months. Sign the back of the photograph.



Copy of driver's license is not sufficient

I certify that the above photograph is a true likeness of me and that it was taken within _____ days of the date this application was signed.

(Signature of Applicant)

Mail to:

Georgia Board of Optometry
237 Coliseum Drive
Macon, Georgia 31217



CERTIFICATION OF LICENSURE

This form should be sent to ALL states in which you hold an Optometry license. The form should

be completed by the state licensing agency and returned to the following address:
GEORGIA BOARD OF OPTOMETRY, 237 COLISEUM DRIVE, MACON, GA 31217

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)



OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA STATE BOARD OF OPTOMETRY
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I authorize the **Georgia State Board of Optometry** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Who's Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

(Applicant's Signature)

(Date)