



## GEORGIA STATE BOARD OF DISPENSING OPTICIANS

237 Coliseum Drive

Macon, Georgia 31217-3858 \* (404) 424-9966

[Georgia State Board of Dispensing Opticians](#) | [Georgia Secretary of State \(ga.gov\)](#)

### **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:**

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### **\*\*IMPORTANT\*\***

**The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed 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 Incomplete applications are void and withdrawn after sixty days from date of receipt by the Board. All applicants whose application has been withdrawn must reapply.**

### **IMPORTANT!!**

**C.E. Hours Required for Reinstatement of a Lapsed or Revoked License:**

# **Please refer to Board Rule 420-2-.01**



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## APPLICATION FOR REINSTATEMENT

NON-REFUNDABLE REINSTATEMENT FEE: \$170.00

(Application fee includes a \$10 mail in application processing fee)

**Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.**

**PLEASE TYPE OR PRINT CLEARLY--ANSWER ALL QUESTIONS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT OR REQUEST TO HAVE SUBMITTED ALL REQUIRED SUPPORTING DOCUMENTS. APPLICATIONS WILL NOT BE CONSIDERED BY THE BOARD UNTIL THEY ARE COMPLETE.**

**Incomplete applications will be withdrawn after sixty (60) days and the applicant must reapply.**

**Part I: Personal Information:** Expired/Lapsed/Revoked Georgia Dispensing Opticians License #: LDO \_\_\_\_\_

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

5. Residential (Physical)

Address:

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

6. Mailing

Address:

(\*MAILING 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: \_\_\_\_\_

(Will NOT be shared with any third party-PLEASE PRINT CLEARLY)

Fax Number: \_\_\_\_\_

**\*Pursuant to O.C.G.A. 43-1-2 (k) your name, city, state, and license number are public information.**

**Part II: Background Information:**

11. Have you practiced as a dispensing optician in Georgia since your license expired on March 31, 20\_\_\_\_ ?  
 YES  NO

If yes, was this practice under the direct supervision of a licensed dispensing optician, an optometrist, or a physician?  
 YES  NO

List the name of, and license number of, the supervising licensee you practiced under:

Name: \_\_\_\_\_ Lic #: \_\_\_\_\_

12. List any state(s) in which you now hold or have ever held a Dispensing Optician License. **Request official certification(s) from each state Licensing Board where you hold a license to be submitted to the GA Board. Licensing entities may use any format they prefer to submit this verification, or they may use the attached Certification of Licensure Form.**

STATE	PROFESSION	YEAR ISSUED	STATUS (CURRENT/INACTIVE)

**Part III: Professional Experience:**

13. List all practice and any past employment within the last (5) years.

TYPE OF PRACTICE/EXPERIENCE & LOCATION	DATES	
	FROM (MO/YR)	TO (MO/YR)

**Part IV: Continuing Education:**

14. I attest that I have completed/met all the required continuing education hours for reinstatement of my license (as outlined in the Board Rule 420-2-.01). **You must submit copies of all CE certificates along with the CE Report Form (Page 7 of this application).**

\_\_\_\_\_  
(Signature of Applicant)

**Part V: Physical/Mental Condition:**

15. Within the previous two (2) years, have you been dependent on alcohol or any other drug, or been treated for dependency on alcohol or any other drug?  YES  NO

16. Do you have any physical or mental condition which renders you unable to perform to perform as a dispensing optician with reasonable skill and safety to patients?  YES  NO

**Please attach a letter of explanation for each question to which you have answered “Yes”.**

**Part VI: Previous Disciplinary and Criminal Conviction Information:**

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

**16. Board Disciplinary Actions/Legal Convictions:** Answer **BOTH** Questions:

A. 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 **from the courts and the completed and signed “Background Investigation Consent”** form found on the same webpage as this application with your application?  No  Yes

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

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

**Affidavit Regarding Citizenship**

*Please remember to submit a copy of your secure & verifiable document to the Board office as indicated.*

**Print Name:** \_\_\_\_\_ **License Number** \_\_\_\_\_

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. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on Board website, [www.sos.ga.gov/plb/opticians](http://www.sos.ga.gov/plb/opticians).**
  
- 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. See list on Board website, [www.sos.ga.gov/plb/opticians](http://www.sos.ga.gov/plb/opticians).**

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 \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE** \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My commission expires: \_\_\_\_\_ (Notary Seal)

**GEORGIA STATE BOARD OF DISPENSING OPTICIANS**

**237 Coliseum Drive, Macon, Georgia 31217-3858**

(478) 207-2440 \* [www.sos.ga.gov/plb/opticians](http://www.sos.ga.gov/plb/opticians)

**CERTIFICATION OF LICENSURE FORM**

**LICENSURE STATES MAY SUBMIT YOUR VERIFICATIONS OF LICENSURE IN ANY FORMAT THEY CHOOSE. OR, THIS FORM MAY BE SUBMITTED BY ALL STATES IN WHICH YOU HOLD, OR HAVE EVER HELD, A DISPENSING OPTICIAN LICENSE. THE FORM SHOULD BE COMPLETED BY THE STATE LICENSING AGENCY AND MAILED IN WITH YOUR APPLICATION MATERIALS OR RETURNED TO THE FOLLOWING ADDRESS:**

GEORGIA STATE BOARD OF DISPENSING OPTICIANS

237 COLISEUM DRIVE

MACON, GA 31217-3858

Optician License Number \_\_\_\_\_ to practice Opticianry in the State of \_\_\_\_\_

was issued on \_\_\_\_\_ to \_\_\_\_\_.

(Date of Issuance)

(Printed Name of Georgia Applicant for Licensure)

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 dispensing optician?

Yes\*  No

Is there any disciplinary action pending against this dispensing optician?

Yes\*  No

**(\* GA APPLICANTS: PLEASE PROVIDE A LETTER OF EXPLANATION AND COPIES OF ANY DOCUMENTS WITH REGARD TO ANY DISCIPLINARY ACTIONS TAKEN OR PENDING AGAINST YOUR LICENSE IN THIS STATE)**

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 OPTICIANRY)**

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