

FOR BOARD USE ONLY
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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 REINSTATEMENT or REINSTATEMENT OF AN INACTIVE STATUS LICENSE

NON-REFUNDABLE FEE: \$510.00

(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.

Personal Information:

Georgia Optometry License #OPT _____

Name to appear on License:

LAST FIRST MIDDLE MAIDEN

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

LAST FIRST MIDDLE MAIDEN

Social Security Number: _____/_____/_____

**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.*

Date of Birth: _____/_____/_____ Male ___ Female ___

Residential (Physical)

Address:

Street Address (NO P.O. Box – Not Acceptable) City State Zip

Mailing

Address:

Street Address (P.O. Box Is Acceptable) City State Zip

Daytime Phone #: _____ - _____ - _____

Evening Phone #: _____ - _____ - _____

E-mail Address: _____ Fax Number: _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your e-mail address will not be shared with any third party.

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.

Background Information:

List any state(s) in which you now hold or have ever held an Optometry License. Request official certification (s) from each state Licensing Board where you currently hold, or have ever held, be sent to the GA Board, or use the attached Certification of Licensure Form.

STATE	PROFESSION	YEAR ISSUED	STATUS (CURRENT/INACTIVE)

List all practice of optometry and list any past employment within the last (5) years:

TYPE OF PRACTICE/EXPERIENCE & LOCATION	DATES	
	FROM (MO/YR)	TO (MO/YR)
Have you practiced in Georgia since your license lapsed effective 12/31/ODD # Year? <input type="checkbox"/> YES <input type="checkbox"/> NO		

I attest that I have completed/met all continuing education requirements for the past two (2) years, as Chapter 430-2-.01 of the Board's CE rule requires. **You must submit copies of all CE certificates and complete the attached CE Report Form.**

I further attest that I have kept my CPR certification and insurance current. **I am enclosing copies of both my current CPR and Insurance Policy. The policy must list your name.**

Signature of Applicant

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.**
- 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 the next question, **print out the "Background Investigation Consent" form** found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.
- 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
- 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" to any of the above, 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

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

VERTIFICATION OF LICENSURE FORM

States may submit verification in any format they choose, or this form may be sent to any state in which you hold or have ever held 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**

**State regulatory or licensure boards may submit their own forms by fax to 866-888-7127, or by e-mail to:
verifications@sos.ga.gov**

Optometry License Number _____ to practice Optometry in the State of _____ 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 ()** _____

(Board Seal)

GEORGIA STATE BOARD OF OPTOMETRY
 Professional Licensing Boards
 237 Coliseum Drive
 Macon, GA 31217

CE REPORT FORM

NAME _____ LICENSE# _____ YEAR ISSUED _____

PLEASE PRINT OR TYPE - Be sure to sign and date in the space provided.

Institute, Organization, or Agency Conducting Program	Title of Program or Description of Content	Setting/Method Of Program	Dates Attended	No. of Contact Hours

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this report.

TOTAL HOURS CLAIMED _____

AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, 20_____ .

I certify that the above is true and accurate information and I have attached required documentation.

(Signature of Optometrist)

(Printed/Typed Name of Optometrist)

Notary Public _____
NOTARY SEAL

Affidavit Regarding Citizenship

Please submit this document along with a copy of your Secure and Verifiable Document to the Board office as indicated on the application.

Print Name: _____

License #: _____

APPLICANT AFFIDAVIT:

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 the Board’s 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

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Notary Seal

NOTARY PUBLIC – My Commission Expires: _____