



APPLICATION FOR OPTOMETRIST BY ENDORSMENT
GEORGIA STATE BOARD OF OPTOMETRY
237 Coliseum Drive, Macon, Georgia 31217
[Georgia State Board of Optometry](http://www.gsoptometry.com) | [Georgia Secretary of State \(ga.gov\)](http://www.ga.gov)

Please read these instructions carefully. It is your responsibility to be familiar with the laws and rules governing the practice of Optometry in the State of Georgia. The Board's Laws & Rules and Candidate Information Bulletins are available at:

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed or approved 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 **Incomplete applications are void and are withdrawn after sixty (60) days pursuant to administrative policy.**

Please use these directions to ensure that you submit a COMPLETE application. **Please complete the application in its entirety** and submit with the non-refundable application fee of **\$410**. Application fee includes a \$10 mail in application processing fee. Checks or Money Orders should be made payable to the Georgia State Board of Optometry.

- **A SECURE & VERIFIABLE DOCUMENT & AFFIDAVIT OF CITIZENSHIP (See page 5 of this application) MUST BE INCLUDED WITH APPLICATION.** See list of secure & verifiable documents acceptable to the Board on the list provided on the website [The Licensing Division of the Georgia Secretary of State's Office | Georgia Secretary of State \(ga.gov\)](http://www.gsoptometry.com) - FAILURE TO PROVIDE BOTH OF THESE DOCUMENTS WILL RESULT IN PROCESSING DELAYS OF YOUR APPLICATION. Reference: O.C.G.A. § 50-36-1
- If you report an arrest or conviction on this application, the consent form for a background check must be printed, completed, signed and returned with this application and supporting documents regarding the incident(s) reported, final dispositions.
- The Certification of Licensure form in this application may be used to verify licensure in another state(s) or jurisdiction(s). The form should be sent to ALL states in which you currently hold, or have ever held, an Optometry license, regardless if the license is currently active or not. You can make additional copies of the form if necessary. States or jurisdictions verifying licensure for you may also use their own forms or verification process. States or jurisdictions may e-mail the verification(s) to verifications@sos.ga.gov, fax to 866-888-7127 or mail the completed form(s) directly to the Board's office: Georgia Board of Optometry, 237 Coliseum Drive, Macon, Georgia 31217.
- Your **official Optometry transcript** must be forwarded by the school DIRECTLY to the Board office. This transcript must include degree and date awarded. Duplicate or personal copies of your transcript will not be accepted. School should mail directly to: Georgia Board of Optometry, 237 Coliseum Drive, Macon, Georgia 31217.
- The National Board of Examiners in Optometry (NBEO) Part I, II, and III examination scores should be mailed directly to our office: Georgia Board of Optometry, 237 Coliseum Drive, Macon, Georgia 31217.
- All applicants for licensure by endorsement must have been engaged in the active practice of optometry for at least five (5) of the seven (7) years immediately preceding his or her application. You may submit a copy of your resume.
- All applicants for licensure by endorsement must currently be certified in coronary pulmonary resuscitation (CPR).
- All applicants for licensure must maintain a minimum of one million dollars (\$1,000,000) in malpractice insurance coverage. **(The policy must list your name.)** Mail copies of current certification and insurance policies with application.
- All applicants for licensure by endorsement are required to take and pass the Georgia Jurisprudence (Law) examination. An applicant will NOT be considered for licensure by endorsement in the state of Georgia if he/she has failed the Georgia State law exam within ten (10) years preceding the date the endorsement application is filed.

The Georgia Board of Optometry Laws & Rules exam is administered by Professional Services Inc., (PSI). Once you qualify for the examination, you will be notified by PSI

DISABILITY- If you have a disability and require accommodation, you must contact the Board to obtain the: **REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES** form/application.

VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit copy of your DD-214 with your application.**

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 * (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 GEORGIA OPTOMETRIST BY ENDORSEMENT

Method Obtained by: Applicant is applying for licensure by: Endorsement **\$410 Non-Refundable Application Fee**
(Includes a \$10 mail in application processing fee)

Part I: Personal Information:

1. Name: _____
 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:** _____

*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: _____
 (*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: _____ **Fax Number:** _____
 (PLEASE Print Clearly)

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

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. You may also update your contact information online @ [The Licensing Division of the Georgia Secretary of State's Office | Georgia Secretary of State \(ga.gov\)](http://The Licensing Division of the Georgia Secretary of State's Office | Georgia Secretary of State (ga.gov)).

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: _____ <div style="text-align: center;">Month/Year</div>		
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: _____ <div style="text-align: center;">Month/Year</div>		
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: _____		

Part III: Employment Information:

5. Have you been engaged in active practice of optometry for at least five (5) years to (7) seven years immediately preceding the date of this application? () Yes () No

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

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

Part IV: Background Information:

6. Have you taken and passed the NBEO administered exam, Parts I, II (includes "Treatment and Management of Ocular Disease") and III? () Yes () No

An official copy of the scores must be submitted to this office by the NBEO – Mailed to:
Georgia Board of Optometry, 237 Coliseum Drive, Macon, Georgia 31217

7. 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 hold a license by submitting the attached Certification of Licensure Form.

STATE/COUNTRY	DATE OF LICENSURE	EXAM	STATUS (CURRENT/INACTIVE)

8. Have you previously taken the Georgia State Law examination? () Yes () No If yes, when (date) did you take the examination? _____ () Pass or () Fail

Part V: Previous Disciplinary and Criminal Conviction Information:

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

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

A. 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? (DUI and DWI 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.

Yes No

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 "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. 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

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: _____

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. In addition to this form, you **MUST** submit a copy of your current **Secure and Verifiable Document(s)** such as driver's license, passport, or other document. A listing of acceptable documents can be found on the PLB 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. In addition to this form, you **MUST** 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. A listing of acceptable documents can be found on the PLB website.

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 _____

Printed Name of Applicant _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20 _____

Notary Seal

Notary Public My Commission Expires _____

CERTIFICATION OF LICENSURE
(Issuing state may use own verification form, format)

Submit by:

E-mail: verifications@sos.ga.gov; or,

Fax: 866-888-7127; or mail to:

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 () _____

(Board Seal)

**(PLEASE MAKE COPIES AS NEEDED TO SUBMIT TO EACH STATE
IN WHICH YOU HOLD A LICENSE TO PRACTICE OPTOMETRY)**