



APPLICATION FOR SPECIAL LICENSURE AS A VOLUNTEER OPTOMETRIST
GEORGIA STATE BOARD OF OPTOMETRY
237 Coliseum Drive, Macon, Georgia 31217
404-424-9966

Please read these instructions carefully. It is your responsibility to be familiar with the laws governing the volunteer practice of Optometry in the State of Georgia – Reference O.C.G.A. § 43-1-28. The Board's website is: <https://sos.ga.gov/georgia-state-board-optometry>

****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.

Please use these directions to ensure that you submit a COMPLETE application. Submit with the non-refundable **\$10 mail in application form processing fee (there is no initial application fee)**. Checks or Money Orders should be made payable to the Georgia State Board of Optometry.
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

Supporting Documentation Required:

- **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 - <https://sos.ga.gov/georgia-state-board-optometry> - 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. NOTE: Unrestricted licenses in other states or jurisdictions ONLY will be considered for this special licensure as a volunteer optometrist in Georgia.
- 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 may 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 to the GA Optometry 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, or fax to 866-888-7127 or e-mail to ExamBoards-Healthcare@sos.ga.gov
- A notarized statement from the employing agency, institution, corporation, association, or health care program, and the applicant, on the Board's form included in this application (see pages 8 and 9).

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

<https://sos.ga.gov/georgia-state-board-optometry>

APPLICATION FOR SPECIAL LICENSURE AS A VOLUNTEER OPTOMETRIST - \$10 mail in application processing fee (there is no application fee for the initial application for a volunteer license.)

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

Method Obtained by: Applicant is applying for licensure by: () Initial Special Volunteer Licensure (\$10 processing fee ONLY)

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)

You must immediately notify the Board in writing of address changes. *Pursuant to O.C.G.A. 43-1-2 (k) your name, city, state and license number are public information. You may also update your contact information online @ <https://sos.ga.gov/georgia-state-board-optometry>

Background Information:

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

2. Arrest and/or Convictions/Board Disciplinary Actions: 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? (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. **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 **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, <https://sos.ga.gov/georgia-state-board-optometry>

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, <https://sos.ga.gov/georgia-state-board-optometry>

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*

***Applicants must include a letter of explanation and official copies of supporting documents, Board Orders, final dispositions or other related information regarding a "no" answer above.**

Signed _____ Date _____

Title: _____

State Board _____ Telephone Number () _____

(Board Seal)

PLEASE MAKE COPIES AS NEEDED TO SUBMIT TO EACH STATE IN WHICH YOU HOLD, OR HAVE EVER HELD A LICENSE TO PRACTICE OPTOMETRY, CURRENTLY ACTIVE OR NOT. VERIFICATION MUST INCLUDE ANY SANCTIONS OR DISCIPLINARY ACTIONS EVER TAKEN BY THE ISSUING BOARD

Issuing state may use own verification form, format



GEORGIA BOARD OF OPTOMETRY

237 COLISEUM DRIVE, MACON, GEORGIA 31217-3858

(404) 424-9966

www.sos.georgia.gov/plb/optometry

**Verification of Volunteer Employment in
Georgia**

Name of Applicant _____
Last First Middle

To be completed by employing entity/designated representative:

1. Name and address of employing agency, institution, corporation, association, or health care program:

2. Volunteer Employment/Practice Dates: From: _____ To: _____

3. Indicate below the volunteer's duties, responsibilities, and the population to be served, for this volunteer practice:

The following affidavits must be completed, the signatures notarized, and submitted with this application or the request for a special volunteer license shall not be considered by the Board.

Employer Affidavit

Employing agency, institution, corporation, association, or health care program:

Address: Street (NO P.O. Box) City State Zip Code

By signing this form, as the designated representative, I hereby swear and affirm that the employing agency, institution, corporation, association or health care program agreeing to employ the Optometrist named below agrees unequivocally not to provide compensation for any health care specialty services this named Optometrist may render while in possession of this special licensure as a volunteer optometrist in the state of Georgia.

Executed in _____ (City), _____ (State)

Name of Optometrist (Please Print Clearly): _____

Signature of Employer (designated representative): _____

Printed Name of Employer (designated representative): _____

Title of Designated Representative of Employer: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20 _____

(Notary Seal)

Notary Public

My Commission Expires _____

Applicant Affidavit

Name of Applicant: _____

By signing this form, I hereby swear and affirm that I agree unequivocally not to receive compensation for any health care specialty services I may render while in possession of this special licensure as a volunteer optometrist in the state of Georgia from the employing agency, institution, corporation, association or health care program agreeing to employ me.

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 _____