

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

 City State Zip Code

8. Contact Numbers

 Primary Telephone Alternate Telephone Fax

9. Email Address

 Email address is considered a public record and will be disclosed upon request from a third party.

10. Do you hold a *current* or have you *ever held* an Optician license, certified or registered with the Contact Lens Endorsement issued by any state or territory of the United States (excluding Virginia)?

No

Yes If yes, list all the endorsements in the following table:

State/Jurisdiction	What type of examination* did you pass?	License, Certification or Registration Number	Expiration Date
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		

* If you have passed the National Contact Lens Registry Examination, attach a copy of your current certification.

11. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

12. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

13. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Optician Regulations*.

Signature _____ Date _____