

5. Date of Birth _____ (Must be 18 years of age.)
MM/DD/YYYY
6. Maiden or Former Name(s) _____
7. Mailing Address (PO Box accepted) _____
The mailing address will be printed on the license.
- City _____ State _____ Zip Code _____
8. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED
- Check here if Street Address is the same as the Mailing Address listed above.
- City _____ State _____ Zip Code _____
9. Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____ Fax _____
10. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

11. Are you applying through reciprocity as an optician currently licensed, certified or registered in another state?
- No
- Yes If yes, list all the licenses, certificates and registrations in the following table **and** attach an original Certification of Licensure/Letter of Good Standing, dated within the last 60 days from each state.

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"/>		

◆ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

12. Which **education requirement** have you met in order to qualify for a Virginia Optician License?
- Completion of a two-year course in a school of Opticianry accredited by the Commission on Opticianry Accreditation, including the study of topics essential to qualify for practicing as an optician.
- School Name & Location _____
- Date Enrolled _____ Date Completed _____
- Required Attachments:** Attach an official transcript showing successful completion of the program.
- Completion of a two-year apprenticeship with a minimum of one school year of related instruction or home study while registered in the apprenticeship program in accordance with the standards established by the state Department of Labor and Industry, Division of Registered Apprenticeship, and approved by the board.
- Required Attachments:** Attach a Apprenticeship Completion Form with original DOLI verification stamp.
13. 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](#).

14. 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**?
- 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 (excluding marijuana convictions)?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).

Consent to Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a *Virginia Optician License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

15. 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 _____