Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509 www.dpor.virginia.gov



Board for Hearing Aid Specialists and Opticians CONTACT LENS ENDORSEMENT APPLICATION Fee \$100.00

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

- If you have passed the National Contact Lens Registry Examination, attach a copy of your current certification.
- The American Board of Opticianry (ABO) will be administering all examination. The Board will notify all candidates once they have been approved to sit for the examination. Visit the ABO's web site at www.abo-ncle.org for exam dates and information.

All applicants must pass the written and practical examination within two years of the initial test. After two years, applicants must submit a new application and pay the required fee.

Select one of the following:

×	Method	Trans Code
	By Examination	1015
	By Endorsement	1017

				By Examination	n 1015			
				By Endorseme	nt 1017			
1.	Do you hold a	Virginia Optio	ian License?					
	_		. ,	he Contact Lens				
	Yes	•	· ·	cense number an	d expiration d	late:		
		Virginia Optici	ans License N	0. 1 1 0	1		Exp. Date	
2.	Full Legal Nar	ne (As it appe	ars on your gov	ernment issued ID	or other legal o	documentation.)		
	Last (required)		First	(required)		Middle		Generation
3.	Provide at leas	st <u>one</u> of the fo	ollowing identif	ication numbers *	€.			
	Social S	ecurity Numbe	r and/or		-	-		
	<u>Virginia</u>	DMV Control Nu	umber					
	➤ Enter the sa	me identification nu	mber as used on ex	amination, previous ap	plications or licens	es on file with the d	epartment.	
				tificate, registration or c number or a control nun			ness, trade, profession on tof Motor Vehicles.	or occupation issued
4.	Date of Birth		YYYY	(Must be 18 year	rs of age.)			
5.	Maiden or For	mer Name(s)						
6.	Mailing Addre	ss (PO Box ac	cepted)					
	The maili	ng address will be	. ,					
	printed	on the license.		City			State	Zip Code
OFFICE	DATE	FEE	TRANS CODE	ENTITY#		FILE #/LICENSE	#	ISSUE DATE
USE					1101			

7.		(PO Box <u>not</u> accepted) _ ADDRESS REQUIRED	Check here if Street Address is the	e <u>same</u> as the Mailing Address listed at	oove.	
			City	State	Zip Code	
8.	Contact Number					
•	- "	Primary Telepho	one Alternate Te	lephone	Fax	
9.	Email Address	Email address	is considered a public record and will	he disclosed upon request from a th	Linon request from a third narty	
10.	Endorsement is	a current or have you eve	er held an Optician license, cory of the United States (excludi	ertified or registered <u>with th</u>		
		State/Jurisdiction	What type of examination ◆ did you pass?	License, Certification or Registration Number	Expiration Date	
	-		Written Practical			
			Written Practical Practical			
			Written Practical			
11.	body?	been subject to a <u>disciplin</u>	ary action taken by any (included) ary Action taken by any (included) ary Action Reporting Form.			
12.	•	ates of any <u>felony</u> ? <i>Any pl</i> e	and guilty, regardless of the ma ea of nolo contendere shall be o riminal Conviction Reporting Fo	considered a conviction.	urisdiction of the	
	•	ates of any <u>misdemeanor?</u>	und guilty, regardless of the ma Any plea of nolo contendere seriminal Conviction Reporting For	shall be considered a convicti		

- 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	
Cignataro	2010	