Board for Hearing Aid Specialists and Opticians

OPTICIANS - SPONSOR CERTIFICATION FOR VOLUNTARY PRACTICE REGISTRATION APPLICATION

No Fee Required

In accordance with § 54.1-1701(5) of the Code of Virginia, any optician who (i) does not regularly practice in Virginia, (ii) holds a current valid license or certificate to practice as an optician in another state, territory, district or possession of the United States, and (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world may apply for a Registration for Voluntary Practice.

This Sponsor Certification must accompany the Voluntary Practice Registration Application when submitted to the Virginia Board for Hearing Aid Specialists and Opticians at least 15 days prior to the voluntary provision of services.

TO BE COMPLETED BY A REPRESENTATIVE OF THE NONPROFIT ORGANIZATION SPONSORING THE VOLUNTEER PRACTICE.

Name of Voluntary Practitioner

Name of Nonprofit Organization

Sponsor/Representative of Nonprofit Organization

Title of Organization's Sponsor/Representative

Pursuant to 18VAC80-30-40 of the Virginia Board for Hearing Aid Specialists and Opticians Regulations, I hereby certify that the above-named organization is a publicly supported all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world. Furthermore, I attest to the organization's compliance with the provisions of § 54.1-1701(5) of the Code of Virginia and 18VAC80-30-40 of the Virginia Board for Hearing Aid Specialists and Opticians Regulations.

Signature

Date

Signature of Sponsor/Representative

Notarization

In the State of __________, City/County of __________, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this ________, day of ________________, 20____. My commission expires the ________, day of ________________, 20____.

Affix official seal here.

Signature of Notary Public