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 OPTICIANS EXAMINATION & LICENSE APPLICATION Fee \$100.00

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

- Applicants are required to attach successful completion of high school or a high school equivalency course.
- To obtain a Contact Lens Endorsement, you must submit a Contact Lens Endorsement Application.
- The American Board of Opticianry (ABO) will be administering both the theory and the practical examination. The Board will notify all candidates once they have been approved to sit for the examination. Visit the ABO's web site at <u>www.abo-ncle.org</u> 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 method you are using to apply:

×	Method of Licensure	Trans Code
	License by Examination	1010
	License by Endorsement	1012

1. Have you ever passed the ABO examination?

No	

Yes If yes, provide the dates of examinations and attach a copy of the ABO certificate(s):

1 0 1

Practical Exam

Virginia Opticians License No.

Theory Exam

2. Have you ever held an Optician License issued by the Board for Hearing Aid Specialists and Opticians?

1

MM/DD/YYYY

No

Yes 🎗 🗌

If yes and your license expired more than 60 days ago, but less than 24 months ago, you are required to reinstate your Virginia Optician License by completing an <u>Optician License Reinstatement Application</u>. DO NOT COMPLETE THIS LICENSE APPLICATION.

3. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (rec	juired)	First (required)			N	liddle		 	 	Generat	ion
Provide	at least one of the following i	dentification numbe	ers <sup>*</sup> :								
□ S	ocial Security Number and/or			-			- [				
	<i>irginia</i> DMV Control Number										
≻ Ent	> Enter the same identification number as used on examination, previous applications or licenses on file with the department.										
	te law requires every applicant for a licent the Commonwealth to provide a social set									ccupation is	sued

OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE	
USE ONLY					1101		

4.

5.	Date of Birth	MM/DD/YYYY	(Must be 18 years of age.)				
6.	Maiden or For						
7.	Mailing Addre The maili	ss (PO Box accepted) ing address will be d on the license.	City		State	Zip Code	
8.		s (PO Box <u>not</u> accepted) AL ADDRESS REQUIRED	Check here if Street Address is the	e <u>same</u> as the Mailing A	vddress listed abov	·	
			City		State	Zip Code	
9.	Contact Numb						
10.	Email Address	Primary Teleph	one Alternate Tel	ephone	F	ax	
10.			s is considered a public record and will I	be disclosed upon rea	quest from a thir	d party.	
11.	Are you apply No Yes	If yes, list <u>all</u> the licenses,	optician currently licensed, cert certificates and registrations in etter of Good Standing, dated w	n the following ta	able <b>and</b> atta	ach an original	
		State/Jurisdiction	What type of examination did you pass?	License, Certif Registration I		Expiration Date	
			Written Practical				
			Written Practical				
			Written Practical				
		license/certification/registration	etter of Good Standing, prepared by th on number; 2) the initial date of licensu ensure (i.e. exam, reciprocity, etc.) and	re; 3) the expiration	date of the licen	se or renewal fee;	
12.	Which educat	t <b>ion requirement</b> have you	met in order to qualify for a Virgi	nia Optician Licer	nse?		
	•	•	e in a school of Opticianry ac f topics essential to qualify for p	•		on Opticianry	
	Scho	ol Name & Location					
		Date Enrolled	Date Completed				
	Require	d Attachments: Attach an officia	I transcript showing successful complet	ion of the program.			
	while Depart	registered in the apprentice ment of Labor and Industry,	ceship with a minimum of one sc eship program in accordance v Division of Registered Apprentic	vith the standard ceship, and appro	ds establishe oved by the bo	d by the state	
	Require	ed Attachments: Attach a <u>Appren</u>	ticeship Completion Form with original I	DOLI verification star	np.		
13.	Have you eve body? No Yes		<u>aary action</u> taken by <u>any</u> (includ nary Action Reporting Form.	ing Virginia) local	, state or nati	onal regulatory	

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 <u>felony</u>?

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)?

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*.

Date