



**Board for Hearing Aid Specialists and Opticians
 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**.

➔ **A completed application for registration must be received by the Virginia Board for Hearing Aid Specialist Opticians at least 15 days prior to the voluntary provision of services.**

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

_____ Last (required)	_____ First (required)	_____ Middle	_____ Generation
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2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth _____ (Must be 18 years of age.)

MM/DD/YYYY

4. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

_____	_____	_____
City	State	Zip Code

5. 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

6. Contact Numbers

_____	_____	_____
Primary Telephone	Alternate Telephone	Fax

7. Email Address

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

8. Do you hold a current or expired Optician license, certification or registration issued by any (including Virginia) state or territory of the United States?

No If no, you are not eligible to register for voluntary practice in the Commonwealth of Virginia.

Yes If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing from each state.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

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

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

- ◆ 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 date; 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.)* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding.*

9. Name of Nonprofit Organization _____

10. List the date(s) and locations of voluntary provision of services.

Location(s) of voluntary provision of services	Date Performed

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

- I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application.
- 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 understand that the voluntary practice registration shall only be valid 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*; during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and locations filed on this application.

Signature _____ Date _____