

333 Guadalupe Street Suite 2-420
Austin TX 78701-3942



Please do not send cash

Your license expires on **JANUARY 1**. Practicing optometry without an annual renewal certificate shall have the same force and effect and be subject to all penalties of practicing optometry without a license.

ACTIVE LICENSE (except Optometric Glaucoma Specialist)			Optometric Glaucoma Specialist License Active License			INACTIVE FEES (all license types) (must complete Section II on reverse side)		
\$422.72	DUE BY	12/31/20	\$442.00	DUE BY	12/31/20	\$422.72	DUE BY	12/31/20
\$633.08	IF PAID AFTER	12/31/20	\$662.00	IF PAID AFTER	12/31/20	\$633.08	IF PAID AFTER	12/31/20
\$843.44	IF PAID AFTER	03/31/21	\$882.00	IF PAID AFTER	03/31/21	\$843.44	IF PAID AFTER	03/31/21

<u>LICENSE NUMBER & FULL NAME</u>	MAILING ADDRESS
PRINCIPAL OFFICE ADDRESS	HOME ADDRESS Email address:

LICENSE DATE	PRACTICE UNDER 1) OWN NAME 2) TRADE NAME 3) PROFESSIONAL CORP _____ 4) PROFESSIONAL ASSOC _____ number	TYPE OF PRACTICE 1) INDIVIDUAL _____ 2) PARTNERSHIP _____ number 3) EMPLOYEE OF INDIVIDUAL/PARTNERSHIP 4) EMPLOYEE OF PROFESSIONAL CORP if employee, furnish name of employer/owner _____
SOC SEC NO xxx-xx-xxxx see statement on back	SPECIFY: NAME: _____ OFFICE PHONE #: _____ OFFICE FAX#: _____	I PRACTICE 1) FULL-TIME _____ 2) PART-TIME _____ number 3) NOT AT ALL
DATE OF BIRTH	SINCE YOUR LAST LICENSE RENEWAL, HAVE YOU BEEN ARRESTED, INDICTED, CHARGED, CONVICTED OF A CRIME OR PLEAD NOLO CONTENDERE TO ANY CRIME? _____ Yes _____ No	
OTHER STATES LICENSED	CONTINUING EDUCATION <div style="display: flex; justify-content: space-around; font-weight: bold;"> GEN D/T PROF RES TOTAL </div> HOURS RECORDED: _____ <div style="background-color: black; color: white; padding: 5px;"> If you are exempt from CE Requirements (inactive, first time to renew, military/government service, or approved medical exemption), you must sign the back of this form </div>	
ALL BLANKS MUST BE COMPLETED; Furnish information for the principle office where you practice. <div style="display: flex;"> <div style="width: 15%;"> ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ N/A ___ Yes ___ No </div> <div style="width: 85%;"> I dispense spectacles within my optometric practice I dispense contacts within my optometric practice I own a dispensary within my optometric office I own a separate dispensary which is next/adjacent to my office: My optometric practice is located next door to an optical dispensary Name of dispensary/owner: _____ I lease space for my practice next door to an optical dispensary My practice is totally separate from the dispensary next door I own offices at more than 3 locations </div> </div>		
DID YOU PRACTICE IN TEXAS DURING 2020? _____ Yes _____ No If yes, list addresses of all offices in which you have ownership or where you practiced on back of this form <div style="background-color: black; color: white; padding: 5px; text-align: center;"> If renewing as active, sign below: </div> With my signature below, I certify that I have complied with the applicable continuing education requirements to renew my license, that the infor- mation on this renewal form is true and correct to the best of my knowledge and belief. <div style="display: flex; justify-content: space-between;"> DATE _____ SIGNATURE _____ </div> <div style="background-color: black; color: white; padding: 5px; text-align: center; margin-top: 10px;"> All others must sign the back of this form </div>		

Section I: List Addresses Of All Offices In Which You Have:
Ownership Interest And/Or Practiced

Exemptions from Continuing Education (CE) Requirements

The Texas Optometry Act requires 16 hours of continuing education for license renewal. If you are claiming an exemption from the requirements, you must complete either Section II or Section III, and sign:

Section II: Inactive License

With my signature below, I certify that I am renewing as "inactive" and I will not practice in Texas, that I am therefore exempt from CE requirements. I hereby affirm that I will not practice in Texas until such time as I notify the Board Office, pay the required fee, and furnish documentation of required continuing education. I further certify that the information submitted on this renewal form is true and correct to the best of my knowledge and belief.

DATE

SIGNATURE

Section III: Active License with CE Exemption

With my signature below, I certify that I am renewing as "active" and I am exempt from CE requirements for the reason I have checked below (you must check one):

- ☐ Served in regular armed forces of U.S. during part of the 12 months immediately preceding annual renewal
☐ Received an exemption from the Board this year regarding a serious or disabling illness or physical disability
☐ Full-time federal service
☐ First licensed in 2020

I further certify that the information submitted on this renewal form is true and correct to the best of my knowledge and belief.

DATE

SIGNATURE

DEFINITION OF CRIMINAL CONVICTION

"Convicted of a crime" is defined as a felony or misdemeanor criminal conviction, including a deferred adjudication or court ordered community or mandatory supervision, with or without an adjudication of guilt; or a revocation of parole, probation or court ordered supervision. A licensee is not required to report a Class C Misdemeanor traffic violation.

NOTICE REGARDING INFORMATION ON THIS FORM

State law provides that with few exceptions, you are entitled, on request, to be informed about the information that the Optometry Board collects on this form. You may make a written Public Information request under Sections 552.021 and 552.023 of the Government Code, to receive and review the information collected on this form (a charge for this information may apply). You are entitled under Section 559.004 of the Government Code to make a written request to have the Board correct information that is incorrect.

SOCIAL SECURITY NUMBERS: State and federal laws require all licensees to furnish their social security number. If your social security number is not listed you must provide it in the appropriate box on this form.

Section 231.302 of the Texas Family Code requires applicants and licensees to provide their social security numbers. The social security number will be used for identification within the Texas Optometry Board, and will be provided as required by the Family Code to the Texas Attorney General to assist in the administration of laws relating to child support enforcement. Identification by the Attorney General as being in arrears on court ordered child support obligations may result in revocation of the license to practice optometry in Texas. The social security number will also be released to the National Optometric Databank and to federal disciplinary databanks.