

TEXAS OPTOMETRY BOARD

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



**FULLY COMPLETE, SIGN AND RETURN
THIS FORM WITH YOUR REMITTANCE**

Please do not send cash

**RENEWAL YEAR
2021**

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)
\$211.36 DUE BY 12/31/20	\$221.00 DUE BY 12/31/20	\$211.36 DUE BY 12/31/20
\$316.54 IF PAID AFTER 12/31/20	\$331.00 IF PAID AFTER 12/31/20	\$316.54 IF PAID AFTER 12/31/20
\$421.72 IF PAID AFTER 03/31/21	\$441.00 IF PAID AFTER 03/31/21	\$421.72 IF PAID AFTER 03/31/21

LICENSE NUMBER & FULL NAME	MAILING ADDRESS
PRINCIPAL OFFICE ADDRESS	HOME ADDRESS
Email address:	

LICENSE DATE	I 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: _____	I PRACTICE 1) FULL-TIME _____ 2) PART-TIME _____ number 3) NOT AT ALL										
DATE OF BIRTH	OFFICE PHONE #: _____ OFFICE FAX#: _____	IF NOT FULL-TIME, INDICATE REASON 1) RETIRED 2) TEACHING 3) MILITARY _____ 4) OTHER _____ number										
OTHER STATES LICENSED	CONTINUING EDUCATION <table border="1"> <thead> <tr> <th></th> <th>GEN</th> <th>D/T</th> <th>PROF RES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>HOURS RECORDED:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> 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		GEN	D/T	PROF RES	TOTAL	HOURS RECORDED:					Will you be providing direct patient care in 2021? ____Yes ____No If yes, did you take a one hour human trafficking awareness course approved by the Texas HHSC in 2020? ____Yes ____No Will you prescribe or administer opioids in Schedules III, IV or V in 2021? ____Yes ____No If yes, did you take a one or more hour opioid prescribing course in 2020 that is approved by the Board? ____Yes ____No A CPR course is not required to renew for 2021. Did you take a CPR course in 2020? ____Yes ____No
	GEN	D/T	PROF RES	TOTAL								
HOURS RECORDED:												
ALL BLANKS MUST BE COMPLETED; Furnish information for the principle office where you practice. ____Yes ____No I dispense spectacles within my optometric practice ____Yes ____No I dispense contacts within my optometric practice ____Yes ____No I own a dispensary within my optometric office ____Yes ____No 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: _____ ____Yes ____No I lease space for my practice next door to an optical dispensary ____Yes ____No_N/A My practice is totally separate from the dispensary next door ____Yes ____No I own offices at more than 3 locations												
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												
If renewing as active, sign below: With my signature below, I certify that I have complied with the applicable continuing education requirements to renew my license, that the information on this renewal form is true and correct to the best of my knowledge and belief. _____ DATE SIGNATURE												
All others must sign the back of this form												

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.