

# VERIFICATION OF STATE LICENSURE

Type or Print.

Return to:

**APPLICANT FOR LICENSURE:** Please send a copy of this form (with the first page completed) to each state where you hold or have held a license.

**STATE LICENSING ENTITY:** Please complete reverse of form and mail to address at right.

Texas Optometry Board  
333 Guadalupe Street  
Suite 2-420  
Austin, TX 78701  
(512) 305-8500

## PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS

Name of applicant (Last, First, Middle, Maiden)

Address (Number, Street or Rural Route)

City, State, Zip

Telephone (Area Code and Number)

Office: ( ) -

Home: ( ) -

Date of Birth (mo./day/yr.)

Social Security No.

Previous Names Used

## STATE LICENSES HELD

STATE

LICENSE NO.

DATE OF ISSUE

EXPIRATION DATE


*attach additional sheet if necessary*

## AFFIRMATION

I Hereby Swear Or Affirm That I Have Read The Above Statements And Agree To Same.

Date (Month, Day, Year)

Signature of Applicant

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the State of \_\_\_\_\_ to provide the following information to the Texas Optometry Board.

Signature

Date Signed

I hereby authorize, request and direct any person, association, organization, government agency or institution to release to the Texas Optometry Board any files, documents, records or other information pertaining to the undersigned, as requested by the Board, or any of its authorized representatives, in connection with processing my application to the Texas Optometry Board.

**REVERSE SIDE TO BE COMPLETED BY STATE LICENSING ENTITY**

## TO BE COMPLETED BY STATE LICENSING ENTITY

LICENSE DATE AND METHOD
<p>_____, O.D., was licensed to practice optometry in the state of _____</p> <p>_____ by <input type="checkbox"/> endorsement or <input type="checkbox"/> examination on _____,</p> <p>and holds license number: _____.</p>

LICENSE STATUS	DISCIPLINARY ACTIONS
<p>License is (please check):</p> <p><input type="checkbox"/> Current</p> <p style="padding-left: 20px;"><input type="checkbox"/> Active    <input type="checkbox"/> Inactive</p> <p><input type="checkbox"/> Expired</p> <p><input type="checkbox"/> Cancelled</p>	<p>Yes   No</p> <p><input type="checkbox"/> <input type="checkbox"/> Is license in good standing?</p> <p><input type="checkbox"/> <input type="checkbox"/> Are there any disciplinary actions pending?</p> <p><input type="checkbox"/> <input type="checkbox"/> Has any disciplinary action been taken against this license?</p> <p><input type="checkbox"/> <input type="checkbox"/> Has the license ever been revoked, suspended or cancelled due to disciplinary action?</p> <p>If the license is not in good standing, please provide the current status and the reasons for this status:</p> <p>_____</p> <p>_____.</p> <p>If disciplinary action has been taken or is currently pending against this license, please provide details of these actions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____.</p>

ADDITIONAL COMMENTS

VERIFICATION	
<p>I certify that the information contained herein is true and correct according to the official records of this State.</p>	
<p>_____</p> <p style="text-align: center;">Print Name</p> <p>_____</p> <p style="text-align: center;">Title</p> <p>_____</p> <p style="text-align: center;">Agency/Board Street Address</p>	<p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">Date</p> <p>_____</p> <p style="text-align: center;">Phone Number</p>
<p>(SEAL)</p>	