

VERIFICATION OF STATE LICENSURE

Type or Print.

Return to:

APPLICANT FOR LICENSURE WITHOUT EXAMINATION: 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
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STATE LICENSES HELD			
STATE	LICENSE NO.	DATE OF ISSUE	EXPIRATION DATE

attach additional sheet if necessary

PRACTICE HISTORY (THERAPEUTIC Optometry Or Full Time Teaching – List All)			
OFFICE OR UNIVERSITY	ADDRESS	TELEPHONE	PERIOD
			/ / / - / / /
			/ / / - / / /
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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
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AUTHORIZATION FOR RELEASE OF INFORMATION

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

Signature	Date Signed
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I hereby authorize, request and direct any person, association, organization, government agency or institution to release to the _____ 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

_____, O.D., was licensed to practice optometry in the state of _____
 by endorsement ___/ or examination ___ on _____, and holds license number: _____.

License is: (please check appropriate box)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Current <input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/>	<input type="checkbox"/> Is license in good standing?
<input type="checkbox"/> Expired <input type="checkbox"/> Cancelled	<input type="checkbox"/>	<input type="checkbox"/> Are there any disciplinary actions pending?
	<input type="checkbox"/>	<input type="checkbox"/> Has the license ever been revoked or suspended?
	<input type="checkbox"/>	<input type="checkbox"/> Has licensee been actively engaged in the practice of therapeutic optometry or engaged in full time teaching for the past five of seven years in your state?
	<input type="checkbox"/>	<input type="checkbox"/> Is licensee presently authorized to practice therapeutic optometry without restrictions? If the answer is no, please furnish information.

EXAMINATION

In order to qualify for a Texas license without examination, state law requires that an applicant must have taken an examination equivalent to the Texas examination. *Therefore the accuracy and completeness of the following information will be very important to your licensee.* To assist the Board with its evaluation, please furnish the following information:

Original Licensure Method [Date of exam: _____]

_____ National Examination given by the NBEO:

Part I Part II Part III TMOD

_____ State Constructed Examination

_____ Other

_____ Endorsement of License (State _____)

_____ Acceptance of Examination

_____ Results from other states (State _____)

Therapeutic Licensure Method (*if obtained subsequent to original licensure*) [Date of exam: _____]

_____ Special Course _____ TMOD _____ State Exam _____ Other (please provide details)

If licensed by a state constructed examination, list each subject covered and score made (written & practical):

Subjects

Score

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL COMMENTS

I certify that the information contained herein is true and correct according to the official records of this State.

Print Name

Title

Signature

Agency/Board Street Address

Date

(SEAL)