OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Optometry
121 South Fruit Street, Suite 301
Concord, N.H. 03301-2412
Telephone 603-271-2428 · Fax 603-271-6702

PETER DANLES
Executive Director

JOSEPH G. SHOEMAKER
Division Director

Dear Applicant:

Enclosed is an application for licensure as an optometrist in the state of New Hampshire. Please complete the application and return it to this office. Your application will not be considered complete until all documents required have been received from their respective sources. Once all documents have been received, the Board of Registration in Optometry will notify you of the date that you may take the state examination. You may not practice until you have been granted an active license by the Board.

The application fee is $300.00. Checks shall be made payable to **Treasurer, State of New Hampshire.** All fees are **non-refundable** and must be submitted with the application in order for the application to be considered complete.

Please call the Board at 603-271-2428 if you have any questions.

Thank you.

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APPLICATION FOR LICENSURE

(APPLICATION FEE: $300 – make check payable to Treasurer, State of NH)

NAME:_____

ADDRESS:_____

_____ PHONE: _____

BIRTHDATE:_____ BIRTHPLACE:_____
City State Country

EDUCATION*:

College of Arts and Sciences:

_____
Name and Address of Institution

Year of Graduation:_____ Degree Awarded:_____

College of Optometry:

_____
Name and Address of Institution

Year of Graduation:_____ Degree Awarded:_____

Post Graduate Education**

_____
Name and Address of Institution

Hours of Study_____ Clinical Hours_____

*Official Transcripts from each institution attended are required.
**Any applicant who graduated from a college of optometry prior to January 1, 1993 is required to pass a 105 hour post-graduate course, given by an accredited college of optometry, in the Therapeutic Management of Ocular Disease. Of the 105 hours, a minimum of 25 hours must be clinical hours.

EXAMINATIONS

National Board Examination

Date Passed:_____

If National Boards were taken and passed prior to December 31, 1993, the applicant is required to show passage of the separate TMOD examination administered by the NBOE.

NERCOATS

Date Passed:_____

Certified Score Reports received directly from the testing authorities listed above are required.

ADDITIONAL REQUIREMENTS

Letters of Reference: Letters of reference from 2 practicing optometrists who know the applicant professionally must be submitted directly to the Board. These letters must be original signed documents on professional letterhead. Please list the optometrists from whom these letters will be received:

_____

_____

CPR Certification: Proof of standard adult, child and infant CPR Certification from a recognized certifying body is required. A copy of the certificate is acceptable.

Please list of licenses that you currently hold or have ever held.

STATE/COUNTRY	TYPE OF LICENSE	DATES HELD&REASON FOR LAPSING

The applicant shall be responsible for obtaining verification from all states where he/she holds, or has ever held a license. These verifications must be received directly from the licensing authority (form enclosed).

Have you ever been refused a license to practice optometry by any licensing authority in any jurisdiction? YES_____ NO_____

If YES, please list the name of the licensing authority, the date of the denial and the reason for the denial.

Have you ever had a license to practice optometry suspended or revoked in any jurisdiction? YES_____ NO_____

If YES, please explain:

Have you ever been convicted of a felony or misdemeanor? YES_____ NO_____

If YES, please list the name of the court, the details of the offense, the date of conviction and the sentence imposed.

If granted a license to practice Optometry in the State of New Hampshire, do you agree to practice ethically and in compliance with the provisions of the Revised Statutes Annotated of the State of New Hampshire and with the Rules of the Board of Registration in Optometry? YES_____ NO_____

(CURRENT PHOTO)

I, _____, O.D., herewith apply for examination and licensure to practice Optometry in accordance with RSA 327 and the rules of the NH Board of Registration in Optometry, and hereby certify that I am the applicant identified in this application and that all statements are true and correct to the best of my knowledge and belief, and that the enclosed photograph is a true likeness of myself.

_____ _____

Signature of the Applicant DATE

****

PLEASE DO NOT WRITE BELOW THIS LINE

Date Application Received:_____ Date of Exam:_____

Fee Paid:_____ Check No.:_____Date:_____

License #:_____ **Date of Issue:**_____

RESPONSIBILITY OF APPLICANT

RELEASE OF INFORMATION FROM OTHER LICENSING AUTHORITIES

I am applying for a license to practice optometry in the State of New Hampshire. The NH Board of Registration in Optometry requires that the following form be completed by each jurisdiction in which I am now or was previously licensed. This constitutes your authority to release any and all information in your files, favorable or otherwise, directly to the Board of Registration in Optometry, 121 South Fruit Street, Suite 301, Concord, New Hampshire 03301 (Telephone number: 603-271-2428). Your early attention in this matter is appreciated.

_____
(Applicant Signature)

_____
(Please type your name)

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(To be completed and returned directly to the NH Board at the above address by other Licensing Authority)

1. STATE OF:_____
2. FULL NAME OF LICENSEE:_____
3. LICENSE NUMBER:_____
4. IS LICENSE CURRENT?:_____EXPIRATION DATE: _____
   (if not, please explain)
5. IS LICENSE RESTRICTED?:_____
6. PREVIOUS DISCIPLINARY ACTION?:_____
7. PENDING INVESTIGATIONS?:_____

IF THE ANSWER IS YES TO QUESTIONS 5, 6, OR 7, PLEASE ATTACH SUPPORTING INFORMATION.

(BOARD SEAL)

_____
(Signature)

_____
(Title)

DATE:_____