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

In order for you to receive consideration for reinstatement, it will be necessary for you to complete the following requirements:

1. Complete and return the enclosed application along with the $200.00 fee.

2. Submit 2 letters of reference from practicing doctors of optometry, which identifies the name and address of each such doctor. **Letters of reference must be sent directly to the Board from the doctors writing the letters.**

3. Submit a copy of a certificate certifying completion of cardio-pulmonary resuscitation (CPR), level C for adult, child and infant life support.

4. Request verification of good standing from all state Boards which have ever issued a license to you. Verifications must be received directly from the state Board.

5. Submit proof of completion of continuing education which meets the requirements of Opt 402.

When the above documentation is received in this office, it will be presented to the Board for their consideration of reinstatement at their next regularly scheduled meeting. The Board meets once a month.

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O.D. REINSTATEMENT APPLICATION

NAME:_____

HOME ADDRESS:_____

_____PHONE:_____

PRESENT PLACE OF PRACTICE:_____

ADDRESS:_____

_____PHONE:_____

BIRTHDATE:_____ PLACE OF BIRTH:_____

ARE YOU A U.S. CITIZEN?_____

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:

1. _____
2. _____

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.

Verification of License(s): Please list all 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).

Continuing Education Requirements: Submit proof of completion of continuing education which meets the requirements of Opt 402.

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 Applicant DATE

FEE: $200.00 – CHECK MADE PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE.

****

FOR BOARD USE ONLY

Application received_____, 20___. Fee Paid: $_____

Check Number_____

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, Concord, New Hampshire 03301 (Telephone number: 603-271-2428). Your early attention in this matter is appreciated.

_____
(Applicant Signature)

_____
(Please type your name)

****

(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:_____

CONTINUING EDUCATION FORM

PLEASE PRINT

****PLEASE CHECK ONE: _____TPA/g _____TPA _____ Non-TPA**

NAME:_____

HOME
ADDRESS:_____

_____PHONE:_____

Please list below all activities pursued for continuing education during the past calendar year. A minimum of 15 annual hours is required for non-TPA certified optometrists. 50 hours, including a minimum of 20 class I hours, is required every year for TPA certified optometrists. **NOTE:** Please attach attendance slips for Class I continuing education and an activity list (next page) for Class II continuing education.

TPA/g Optometrists - CLASS I CONTINUING EDUCATION

Required hours in glaucoma specific education: A minimum of 7 Class I hours shall be by participation in formal courses and 3 hours may be by independent study.

DATE	TOPIC	SPONSORING ORGANIZATION	HOURS

TOTAL _____

TPA and Non-TPA Optometrists - CLASS I CONTINUING EDUCATION

A minimum of 20 hours shall be by participation in formal courses and the remainder by independent study.

_____
_____
_____
_____
_____
_____

(CONTINUE ON BACK IF NEEDED)

TOTAL _____

TOTAL CLASS II HOURS FOR THE PAST CALENDAR YEAR_____

INDEPENDENT STUDY ACTIVITY LOG
New Hampshire Board of Registration in Optometry

Activity/Title:_____

Journal/Author:_____

Date Completed:_____Time required for completion:_____hours.

Summary of content:_____

_____

Activity/Title:_____

Journal/Author:_____

Date Completed:_____Time required for completion:_____hours.

Summary of content:_____

_____

Activity/Title:_____

Journal/Author:_____

Date Completed:_____Time required for completion:_____hours.

Summary of content:_____

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