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Arizona State Board of Optometry

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**APPLICATION FOR
VOLUNTEER HEALTH SERVICES REGISTRATION**

Print in blue or black ink. **You must provide a response to each question; if not applicable, please put N/A.**

1. This application is for an Optometrist Volunteer Registration? Yes: _____ No: _____

2. Legal name (Last, first, middle).

3. List other names or aliases, including maiden names.

4. Current mailing address:

Street Address _____

City _____ State _____ Zip _____ Phone _____

5. E-mail address: _____

6. Social Security Number (requirement pursuant to A.A.C. R4-21-201) _____

7. Date of Birth: _____

8. Optometry School _____ City _____ State _____

Degree _____ Year graduated _____

9. List the state(s), territory and/or possession of the United States where you currently hold an active, unrestricted license to practice optometry. Please include the issue and expiration date of the license.

10. List the state(s) territory and/or, possession of the United States where you were previously licensed to practice optometry. If no previous license(s), indicate NONE.

11. List all dates, locations and number of days at the location where you will be practicing while in Arizona:

Date	Name of Entity	Address	City	Zip	# of days

12. a. I certify that I hold an active and unrestricted Optometry license in a state, territory or possession of the United States.
- b. I certify I have never had an Optometry license revoked or suspended.
- c. I certify I am not the subject of an unresolved complaint.
- d. I agree to render services at a free medical clinic that does not provide abortions and restricts the optometrist's authorized services and duties to the provision of care or service at a free medical clinic.
- e. I will provide only the scope of optometric services for which I am licensed or authorized to provide by the regulatory agency of the state, territory or possession of the United States where I currently hold a license, even if the scope of practice in Arizona is higher than my current state of licensure's scope of practice.
- f. I hereby give my permission for the Arizona State Board of Optometry to secure additional information concerning this application from the applicable regulatory agency of each state where I am licensed or have held a license.
- g. I understand if volunteer registration is issued, I may practice in Arizona for up to fourteen (14) days each calendar year.
- h. I understand if volunteer registration is issued, the registration period is for two years from the issue date.
- i. I certify that I have read and answered all the questions on this application.

13. I, _____, the applicant herein, state and depose that all facts, statements and answers outlined in this application are true and correct; that I am not omitting any information which might be of value to this Board in determining my qualifications and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to deny me a volunteer health services registration and that, pursuant to A.R.S. §32-1743, withholding such information shall serve as sufficient grounds for the revocation, cancellation, or suspension of my volunteer health services registration in optometry if it is not discovered until after issuance.

Signature of Applicant

STATE OF _____

County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

My Commission Expires:

Notary Public