

Douglas A. Ducey
Governor

John Chrisagis, O.D.
President

Marla Husz, O.D.
Vice President



Arizona State Board of Optometry
1400 West Washington, Suite 230
Phoenix, AZ 85007

Margaret Whelan
Executive Director

Telephone (602) 542-8164 • Fax (602) 542-3093

Dear Doctor,

Thank you for your interest in becoming a licensed optometrist in the great state of Arizona!

Please review the following and apply under the terms in which you qualify.

To facilitate the timely processing of all applications, please allow 5 days after receipt of your application before calling for a status of your application. Status of your license application will be provided only to the applicant or to one representative as designated in writing by the applicant.

**LICENSURE REQUIREMENTS ARE ESTABLISHED BY STATUTE AND RULE
AND CANNOT BE WAIVED BY THE BOARD.**

REGULAR APPLICANTS: The Board accepts Parts I, II & III of the National Board of Examiners in Optometry examination **taken within 10 years from the application submission date**. There is no state practical exam. Therefore, the only additional testing currently required for regular applicants is the Jurisprudence examination. The exam is administered on the second Friday of each month. You may take the Jurisprudence exam at any time during the application process once an application for licensure is submitted to the Board. Please review A.R.S. §32-1722 and A.A.C. R4-21-201 for applicant requirements for licensure.

ENDORSEMENT APPLICANTS: You are eligible for and must apply as endorsement if you are practicing at least four out of the last five years in the same jurisdiction AND are coming from a state that has an equal or higher scope of practice as Arizona (and you are practicing at that level). Endorsement applicants are required to take and pass the Jurisprudence examination. The exam is administered on the second Friday of each month. You may take the Jurisprudence exam at any time during the application process once an application for licensure is submitted to the Board. Please review A.R.S. §32-1723 and A.A.C. R4-21-202 for applicant requirements for licensure.

Please complete the form below as part of the application process. Please make sure to include required documentation from lists as proof of legal status in the United States for the purposes of licensure.

If you have any questions, please contact Paula Hollins, Licensing Administrator at (602) 542-8164.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Whelan".

Margaret Whelan
Executive Director

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona State Board of Optometry**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non-immigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes §1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided:

A. Are you a citizen or national of the United States? (Check one) Yes No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: _____.

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- Q 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- Q 2. An alien who is granted asylum under Section 208 of the INA.
- Q 3. A refugee admitted to the United States under Section 207 of the INA
- Q 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- Q 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- Q 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- Q 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- Q 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- Q. 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- Q 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT’S SIGNATURE

TODAY’S DATE

**Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status, 11/08/07
81662**

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a Foreign Service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);

- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.
(Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

Douglas A. Ducey
Governor

John Chrisagis, O.D.
President

Marla Husz, O.D.
Vice President



Arizona State Board of Optometry

1400 West Washington, Suite 230

Phoenix, AZ 85007

Telephone (602) 542-8164 • Fax (602) 542-3093

Margaret Whelan
Executive Director

You will be notified, in writing, of receipt of your application and whether or not there are any deficiencies in the application. You will also be notified, in writing, when the application is administratively complete and ready to be presented to the Board for approval.

Please send all documentation to:

Arizona State Board of Optometry
1400 West Washington, Suite 230
Phoenix, AZ 85007

Please note: The Board cannot approve the application until **ALL** documentation has been received from the applicant and the primary source verifying entities.

Regular Applicant Checklist

Endorsement Applicant Checklist

1. Copy of documents pursuant to the statement of citizenship and alien status for state public benefits requirement. (All Applicants)
2. Copy of name change documents, if applicable. (All Applicants)
3. A passport-quality photograph of the applicant's head and shoulders that is taken within six months of the date of application and signed by the applicant in ink across the lower portion of the front side;
4. A full set of readable fingerprints taken by a criminal justice agency;
5. A cashier's check or money order payable to the Arizona Department of Public Safety in the amount required to obtain a state and federal criminal records check;
6. The application fee required under A.R.S. §32-1727;

1. Copy of documents pursuant to the statement of citizenship and alien status for state public benefits requirement. (All Applicants)
2. Copy of name change documents, if applicable. (All Applicants)
3. A passport-quality photograph of the applicant's head and shoulders that is taken within six months of the date of application and signed by the applicant in ink across the lower portion of the front side;
4. A full set of readable fingerprints taken by a criminal justice agency;
5. A cashier's check or money order payable to the Arizona Department of Public Safety in the amount required to obtain a state and federal criminal records check;
6. The application fee required under A.R.S. §32-1727;

- | | |
|---|---|
| <p>7. A copy of the scores obtained by the applicant on Parts I, II, and III of the National Board of Examiners in Optometry examination less than ten years before the date of the application;</p> <p>8. An official transcript submitted directly to the Board by the educational institution with an accredited optometry program from which the applicant graduated with a degree in optometry;</p> <p>9. An official transcript submitted directly to the Board by the educational institution at which the applicant took pre-optometry or undergraduate courses;</p> <p>10. A self-query from the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank http://www.npdb.hrsa.gov/ made within three months before the date of application;</p> <p>11. A copy of the front and back of a cardiopulmonary resuscitation card issued to the applicant or other written documentation of current certification in cardiopulmonary resuscitation. CPR course SHALL be as recommended by the American Heart Assoc., Red Cross or Nat'l Safety Council.</p> | <p>7. An official transcript submitted directly to the Board by the educational institution with an accredited optometry program from which the applicant graduated with a degree in optometry;</p> <p>8. An official transcript submitted directly to the Board by the educational institution at which the applicant took pre-optometry or undergraduate courses;</p> <p>9. A self-query from the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank http://www.npdb.hrsa.gov/ made within three months before the date of application;</p> <p>10. A copy of the front and back of a cardiopulmonary resuscitation card issued to the applicant or other written documentation of current certification in cardiopulmonary resuscitation. CPR course SHALL be as recommended by the American Heart Assoc., Red Cross or Nat'l Safety Council.</p> <p>11. A state board certification and license verification form, which is submitted directly to the Board from the state that issued the license on which the applicant's endorsement application is based.</p> <p>12. Satisfactory completion of a course of study didactic and clinical training in examining, diagnosing, and treating conditions of the human eye and its adnexa; and prescribing dispensing, and administering pharmaceutical agents; including at least 120 hours of training, at least 12 of which address prescribing, dispensing, and administering oral pharmaceutical agents; and is provided by an educational institution with an accredited optometry program.</p> |
|---|---|

ARIZONA STATE BOARD OF OPTOMETRY LICENSING FEE SCHEDULE

INITIAL APPLICATION FEES:¹

REGULAR APPLICATION	\$150.00
ENDORSEMENT APPLICATION	\$300.00
FINGERPRINT CARD PROCESSING	\$22.00

INITIAL LICENSING FEES (PRORATED FROM ISSUE TO EXPIRATION DATE PURSUANT TO R4-21-102(B):¹

REGULAR APPLICANT	\$450.00
ENDORSEMENT APPLICANT	\$450.00

RENEWAL LICENSING FEES :¹

BIENNIAL LICENSE RENEWAL	\$450.00
CERTIFICATE OF SPECIAL QUALIFICATION (TPA or DPA only)	\$20.00

DUPLICATE LICENSE AND CERTIFICATE FEES:¹

WALL LICENSE FEE	\$30.00
OPTOMETRY STATUTE & RULE BOOK	\$5.00

¹ Pursuant to A.R.S. §32-1727, "Fees are not refundable."



Arizona State Board of Optometry

1400 West Washington, Suite 230

Phoenix, AZ 85007

Telephone (602) 542-8164 • Fax (602) 542-3093

OFFICE USE ONLY

APPLICATION FOR LICENSE TO PRACTICE THE PROFESSION OF OPTOMETRY

TYPE or PRINT

Type of application: (Check one)

Regular Application (\$150.00 application and \$22.00 fingerprint fee)

Endorsement Application (\$300.00 application and \$22.00 fingerprint fee)

The application fee of \$150.00 or \$300.00 may be a personal check, cashier's check or money order made out to the Arizona State Board of Optometry and must accompany this application.

The **fingerprinting fee** of \$22.00 must be in the form a **cashier's check or money order only (no personal checks)** and made out to the Department of Public Safety. Fees are not refundable. A.R.S. §32-1727 (B)

Attach photograph of passport quality of your head and shoulders only.

Photo must have been taken within six (6) months prior to date of application and be signed in ink across the lower portion of the front side.

Proofs, negatives, Polaroid, and cut-off photos are not acceptable.

APPLICATION AND INITIAL REGISTRATION

1. Full Legal Name: _____
(Last) (First) (Middle)

2. Other names ever used, if any, and if applicable, a copy of the court document or marriage license resulting in a name change: (IF NONE, PLEASE INDICATE USING "N/A")

Other names

3. Social Security Number: _____

4. Address of Record/Current Mailing Address:

(a) _____
(Number) (Street) (City) (State) (Zip)

5. E-mail address: _____ 5a. OE Tracker No. _____

6. Residential, Business and Mobile Telephone Numbers:

(R) _____ (B) _____ (M) _____
(Include area code) (Include area code) (Include area code)

7. Date of Birth: _____

8. Place of Birth: _____
City, County, State or City/Province, Country

9. Residential Addresses during the past five years: (include present address if different from address of record/mailling address)

(a) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(b) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(c) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(d) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

(e) _____ From _____ To _____
(Number) (Street) (City) (State) (Zip)

Attach separate sheets as needed for additional residential addresses.

EDUCATIONAL BACKGROUND INCLUDING THE NAME AND ADDRESS OF, DATES OF ATTENDANCE AT, AND DATE OF GRADUATION FROM:

10. Accredited Optometry Program:

(Name of School/Institution) (Address)

(Date of Graduation) From (Mo/Yr) _____ To (Mo/Yr) _____
(Dates of Attendance)

11. Pre-Optometric School/Undergraduate educational institution:

(Name of School/Institution) (Address)

(Date of Graduation) From (Mo/Yr) _____ To (Mo/Yr) _____
(Dates of Attendance)

13. Other post-secondary schools attended:

(Name of School/Institution) (Address)

(Date of Graduation) From (Mo/Yr) _____ To (Mo/Yr) _____
(Dates of Attendance)

Attach separate sheets as needed for additional educational background.

EXPERIENCE IN THE PRACTICE OF THE PROFESSION OF OPTOMETRY, INCLUDING THE BUSINESS FORM AND LOCATION OF THE PRACTICE: (IF NONE, PLEASE INDICATE USING "N/A")

Attach separate sheets as needed for additional Optometric experience.

WORK EXPERIENCE OR OCCUPATION OTHER THAN THE PRACTICE OF THE PROFESSION OF OPTOMETRY, FOR THE PAST FIVE YEARS: (IF NONE, PLEASE INDICATE USING "N/A")

Attach separate sheets as needed for additional Work experience.

LIST OF STATES IN WHICH THE APPLICANT IS PROFESSIONALLY LICENSED INCLUDING THE NAME OF THE STATE, TYPE OF PROFESSIONAL LICENSE, DATE ISSUED AND EXPIRATION DATE: : (IF NONE, PLEASE INDICATE USING "N/A")

State: _____ Type of Professional license: _____ Date Issued: _____ Expiration Date _____
 State: _____ Type of Professional license: _____ Date Issued: _____ Expiration Date _____
 State: _____ Type of Professional license: _____ Date Issued: _____ Expiration Date _____
 State: _____ Type of Professional license: _____ Date Issued: _____ Expiration Date _____

Attach separate sheets as needed for additional list of states.

LIST OF THE STATES IN WHICH THE APPLICANT WAS, BUT NO LONGER IS, PROFESSIONALLY LICENSED INCLUDING THE NAME OF THE STATE, TYPE OF PROFESSIONAL LICENSE, DATE ISSUED, AND REASON THE LICENSE IS NO LONGER VALID: (IF NONE, PLEASE INDICATE USING "N/A")

State: _____ Type of professional license: _____ Date Issued: _____

Reason license/registration is no longer valid: _____

State: _____ Type of professional license: _____ Date Issued: _____

Reason license/registration is no longer valid: _____

State: _____ Type of professional license: _____ Date Issued: _____

Reason license/registration is no longer valid: _____

State: _____ Type of professional license: _____ Date Issued: _____

Reason license/registration is no longer valid: _____

Attach separate sheets as needed for additional list of states/reasons.

BACKGROUND/CHARACTER/COMPETENCY QUESTIONS: (Circle One)

14. Have you ever been denied the right to take an examination for optometric licensure by any state or jurisdiction and if so, the name of the state or jurisdiction, date and reason for the denial:	Yes	No
15. Have you ever been denied an optometric license or renewal in any state or jurisdiction and if so, the name of the state or jurisdiction, date and reason for the denial:	Yes	No
16. Have you ever had a license or certificate of registration to practice optometry suspended or revoked by an optometric licensing agency and if so, the name of the optometric licensing agency, date, reason for the suspension or revocation, and current status:	Yes	No
17. Have you ever had an investigation conducted or have an investigation pending by an optometric regulatory agency of any state or jurisdiction and if so, name of the optometric licensing agency and state or jurisdiction, date, reason for the investigation, and current status:	Yes	No
18. Have you ever had a disciplinary action instituted against you by an optometric licensing agency and if so, the name of the optometric licensing agency, date, nature of the disciplinary action, reason for the disciplinary action, and current status:	Yes	No
19. Have you ever been convicted of, plead guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country and if so, name of the jurisdiction, date, offense charged, offense for which convicted, pled guilty, or no contest and current status:	Yes	No
20. Have you been addicted to narcotic substances or habitually abused alcohol within the last 10 years and if so, date, steps taken to address the addiction or abuse, and current status:	Yes	No
21. Are you presently addicted to narcotic substance or habitually abuse alcohol and if so, why the addiction or abuse does not amount to unprofessional conduct: (If applicable, please attach separate sheet with explanation)	Yes	No

THE FACT THAT A CONVICTION OR CRIMINAL OFFENSE HAS BEEN PARDONED, EXPUNGED OR DISMISSED, OR THAT YOUR CIVIL RIGHTS HAVE BEEN RESTORED DOES NOT MEAN THAT YOU CAN ANSWER "NO" TO QUESTION #19 ABOVE.

I have included the necessary information to fully respond to each of the foregoing statements and to provide complete details concerning each exception to the statements printed in this section.

_____ (Initial if appropriate)

Pursuant to A.R.S. §32-3208, an applicant who, after submitting an initial application, has been charged with a misdemeanor or felony involving conduct that may affect patient safety must notify the regulatory board in writing within ten (10) working days after the charge is filed. You may contact the Board for a list of reportable misdemeanors.

SWORN STATEMENT:

State of: _____

County of: _____

I, _____ being first duly sworn, upon my oath deposes and
(Applicant)
says, that I am the person referred to in the foregoing application; that the attached photograph was taken within the last six months and is a true likeness of the applicant; that the applicant has read this application and knows the contents thereof; and that the statements and matters contained therein are true to the best of the applicant's knowledge, information and belief.

I am aware that a materially false statement in this application constitutes grounds for withholding or revoking my license to practice Optometry in Arizona.

Signature of applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20____

My commission expires: _____

(OFFICIAL NOTARY PUBLIC STAMP)

Signature of Notary Public



Arizona State Board of Optometry

1400 West Washington, Suite 230

Phoenix, AZ 85007

Telephone (602) 542-8164 • Fax (602) 542-3093

OFFICE USE ONLY

**STATE BOARD CERTIFICATION AND LICENSE VERIFICATION
ENDORSEMENT APPLICATION SUPPLEMENT**

To be submitted directly to AZ State Board from your current licensing Board

TYPE or PRINT

THE _____ OF _____
Name of Board State

LOCATED AT _____
Address City State Zip

I, _____,
Name Title

hereby certify that _____
Name of Applicant License No. Date of Issue

is and has been licensed to practice optometry for not less than four of the past five years in the State of _____ and
received certification to use: diagnostic (DPA), therapeutic/topical (TPA), oral pharmaceutical agents (PA) on _____
(Circle all that apply) (date)

and that the license and/or certificate and registrations are in good standing. Is the applicant known to you to have been licensed to
practice Optometry in any other state and, if yes, the name(s) of that state: _____
Yes No State(s)

State the basis for and result of any disciplinary action taken against the applicant within the preceding 10 years including

Censure _____ Probation _____ Suspension _____ Revocation _____ Other _____

Are there any pending investigations or complaints regarding the applicant _____ Yes _____ No

If so, please describe: _____

The State of _____ is willing to grant endorsement to any Arizona licensed optometrist whose qualifications
meet or exceed the requirements for licensure in this state.

Given this _____ day of _____ 20____, under the seal and signature of _____
State Board/Agency

_____,
Signature Title

OR: SWORN BEFORE ME THIS _____ DAY OF _____ 20____

Notary Public

Douglas A. Ducey
Governor

John Chrisagis, O.D.
President

Marla Husz, O.D.
Vice President



Arizona State Board of Optometry

1400 West Washington, Suite 230

Phoenix, AZ 85007

Margaret Whelan
Executive Director

Telephone (602) 542-8164 • Fax (602) 542-3093

ALL ENDORSEMENT APPLICANTS

PLEASE SUBMIT THIS FORM FOR VERIFICATION

Please Send this Letter to Your College Of Optometry

The following item must be submitted to complete your application. The Arizona State Board of Optometry conducts primary source verification of education, training, and national examination scores; therefore, verification documents must be mailed directly to the Board from these entities. All documentation must be sent to the Arizona State Board of Optometry, 1400 West Washington, Suite 230, Phoenix, AZ 85007.

Please note: The application cannot be approved until **ALL** documentation has been received from the applicant and the primary source verifying entities.

(College of Optometry: Please copy the following information on to your official letterhead)

_____ provided _____
Name of Institution Name of Doctor

with _____ hours of transcript quality didactic education (must collectively equal at least 120 hours), pharmacology and clinical training in the examination, diagnosis, and treatment of conditions of the human eye and adnexa. With a minimum of 12 hours of pharmacologic principles in the side effects, adverse reactions, drug interactions, use of systemic antibiotics, analgesics, antipyretics, antihistamines, over-the-counter medications, and medications and procedures to counter the affect of adverse reactions.

The education was provided from _____ to _____ .
(Beginning date) (Ending date)

How many of the above hours are equivalent to the education received by an August 6, 1999 graduate of your Institution? _____.

Signature and title of School Representative: _____

Date: _____

Douglas A. Ducey
Governor

John Chrisagis, O.D.
President

Marla Husz, O.D.
Vice President



Arizona State Board of Optometry
1400 West Washington, Suite 230
Phoenix, AZ 85007

Margaret Whelan
Executive Director

Telephone (602) 542-8164 • Fax (602) 542-3093

COMPLETION OF APPLICANT FINGERPRINT CARDS

To establish uniform reporting pertinent to applicant fingerprint cards, the following information is required for each fingerprint card.

- A. Information should be legible and typed or printed in **black** or **blue ink**.
- B. Applicant's name should start with last name, then first and middle as specified on card.
- C. Date of birth is required and should be in MM/DD/YY format. If unknown, the approximate age or year of birth must be shown.
- D. Place of birth should only include the State or Country, using authorized coded abbreviations.
- E. **PLEASE INCLUDE SOCIAL SECURITY NUMBER.** Cards cannot be processed without it.
- F. **DO NOT BEND THE FINGERPRINT CARD.**
- G. To conform with ACIC and NCTC reporting system, the following abbreviations should be used:

For physical identification:

1. Race
 - (A) For Asian/Pacific Islander
 - (B) For Black
 - (I) For American Indian/Alaskan Native
 - (W) For White
 - (U) For Unknown
2. Height: Use feet and inch measurements, i.e., 5'11" for 5 feet, 11 inches, not 71 inches.
3. Weight: Should be shown in whole numbers.
4. Eye Color:

BLK for Black	GRN for Green
BLU for Blue	HAZ for Hazel
BRO for Brown	MAR for Maroon
GRY for Gray	PNK for Pink
XXX for Unknown	
5. Hair Color:

BLK for Black	GRY for Gray	BLN for Blonde	RED for Red-Auburn
BR For Brown	SDY for Sandy		
WHI for White	XXX for Unknown		