State of Ohio

Ohio State Board of Optometry

77 South High Street, 16th Floor, Columbus, OH 43215-6108 ● Phone:(614)466-5115 ● Fax: (614)644-3937
E-Mail: Optometry.Board@exchange.state.oh.us ● Website: www.optometry.ohio.gov

INSTRUCTIONS TO APPLICANT

Complete and send one copy of this form to each
State Board where you are, or have been, licensed.

TO: _____
Name of Board

FROM: _____
Name

_____
Street Address

_____
City, State, Zip

I am applying for certification and licensure as an optometrist in the State of Ohio. The Ohio State Board of Optometry requests that I submit evidence that my license in the State of _____ is in good standing.

I hereby authorize _____ (name of Board) to furnish the information requested below. In addition you are authorized to release any information in your file, favorable or otherwise, directly to the Ohio State Board of Optometry, 77 S. High St., 16th Floor, Columbus, Ohio 43215-6108.

Signature: _____

TO BE FILLED IN BY STATE BOARD

Licensure information:

Basic Optometric: Number _____   Date Issued _____

Diagnostic: Number _____   Date Issued _____

Therapeutic: Number _____   Date Issued _____

Has optometrist been actively licensed for 3 years (including therapeutics)? _____

License expires on:

_____

- OVER -

Licensed by:

    ☐ National Board Examination   ☐ Part I ☐ Part II ☐ Part III ☐ TMOD

    ☐ State Constructed Examination

    ☐ Reciprocity/Endorsement from (indicate state) _____

    ☐ Other (If optometrist was not therapeutic certified in your state by the TMOD, list how they were certified/tested.) _____

Present status of license:

    ☐ Valid/Current   ☐ Expired***   ☐ Inactive***

    ***If expired or inactive, please provide date. _____

Has this certificate/licensure ever been suspended or revoked?

    ☐ No   ☐ Yes   (If yes, please provide details)

Has any disciplinary action been taken against this certificate/licensure?

    ☐ No   ☐ Yes   (If yes, please explain)

Is there any pending complaints or disciplinary action against this doctor?

    ☐ No   ☐ Yes   (If yes, please explain)

Additional Comments:

_____

_____

_____

_____
Authorized Signature

_____
Title

_____
Date Signed

STATE SEAL