



CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE

**Florida Department of Health
Board of Optometry**

Name: _____
Last **First** **Middle**

Social Security Number: _____

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. THIS APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIREMENTS HAVE BEEN MET.

1. Are you a graduate of an accredited school/college of optometry approved by an accrediting agency recognized by the United States Office of Education?
____ Yes ____ No
2. Have you completed at least 110 hours of transcript quality coursework and clinical training in general and ocular pharmacology? If so, please select appropriate category:

Graduate of:

- | | |
|--|---|
| <input type="checkbox"/> University of Alabama 1973 | <input type="checkbox"/> Indiana University 1976 |
| <input type="checkbox"/> Southern College 1976 | <input type="checkbox"/> University of Ca/Berkeley 1977 |
| <input type="checkbox"/> University of Missouri 1984 | <input type="checkbox"/> Newenco 1977 |
| <input type="checkbox"/> Southern California 1979 | <input type="checkbox"/> Ferris State College 1979 |
| <input type="checkbox"/> Northeastern State 1983 | <input type="checkbox"/> Pennsylvania College 1976 |
| <input type="checkbox"/> Ohio State 1972 | <input type="checkbox"/> Waterloo Canada 1976 |
| <input type="checkbox"/> University of Houston 1975 | <input type="checkbox"/> Pacific University 1977 |
| <input type="checkbox"/> Illinois College 1976 | <input type="checkbox"/> SUNY 1975 |
| <input type="checkbox"/> Inter-American 1986 | <input type="checkbox"/> Nova Southeastern 1993 |
| <input type="checkbox"/> University of Montreal 1983 | |

Taken the following Course:

- | | |
|---|---|
| <input type="checkbox"/> University of Houston 1966-74 90 hrs | <input type="checkbox"/> Waterloo Canada 1972-75 84 hrs |
| <input type="checkbox"/> Illinois College 1972-73 90 hrs | <input type="checkbox"/> Illinois College 1974-75 102 hrs |
| <input type="checkbox"/> PCO 750 110 hrs | <input type="checkbox"/> PCO 750B 110 hrs |
| <input type="checkbox"/> PCO 705 105 hrs | <input type="checkbox"/> PCO 701 98 hrs |
| <input type="checkbox"/> SUNY 1975 | <input type="checkbox"/> Illinois College 1986-87 98 hrs |

3. APPLICANT HISTORY (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

- a. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? ____ YES ____ NO (If no, do not answer b.)
- b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction? ____ YES ____ NO
- c. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? ____ YES ____ NO (If no, do not answer d.)

DH-MQA 1134, 5/10
Rule 64B13-4.007, F.A.C.

Florida Board of Optometry
4052 Bald Cypress Way, Bin C-07
Tallahassee, Florida 32399
850/245-4355

- d. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES NO
- e. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? YES NO (If no, do not answer f. and g.)
- f. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? YES NO
- g. Did the termination occur at least 20 years prior to the date of this application?
 YES NO

4. Do you hold or have you ever held a valid license to practice optometry in another jurisdiction in the United States? Yes No
If yes, you must provide proof of licensure status. Please list the states and license number below.

5. Have you committed any act or offense in any jurisdiction which would constitute the basis for discipline. Yes No
If yes, please explain below and attach supporting documentation.

6. Please list the Florida based school/college where you have been offered and have accepted a full-time faculty appointment to teach in a program of optometry. Please submit a letter from the Dean confirming the appointment.

List the site(s) where you will be practicing:

As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

Signature

Date



LICENSURE VERIFICATION FORM

I am applying for licensure in the State of Florida. The Florida Board of Optometry requires verification of licensure by each jurisdiction in which I hold or have ever held the section below and return directly to the Florida Board at the address listed below:

Name of Licensee: _____

State: _____

License Number: _____

Issue Date: _____

Expiration Date: _____

Status of License: _____

Has this licensee been disciplined: _____

If yes, please attach certified copies of official documentation.

Signature

Title

Date Signed

STATE SEAL

Please return this form to:

**Department of Health
Board of Optometry
4052 Bald Cypress Way, Bin #C07
Tallahassee, Florida 32399-3257**

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