REQUIREMENTS FOR LICENSE - OPTOMETRIST

Access this form via website at: **cca.hawaii.gov/pvl**

APPLICATION FORM

Complete the online fillable form or print **LEGIBLY** in dark ink and sign the application.

- **Failure to provide all of the requested information will delay the processing of your application.**

EACH APPLICANT IS REQUIRED TO MEET THE EDUCATION AND EXAMINATION REQUIREMENTS ACCORDING TO HAWAII LAWS AND RULES. LICENSURE REQUIREMENTS ARE SUBJECT TO CHANGE AS A RESULT OF NEW LAWS OR RULES, OR NEW POLICIES AND PROCEDURES ADOPTED BY THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS IN COOPERATION WITH THE BOARD OF EXAMINERS IN OPTOMETRY ("BOARD"). ALL APPLICANTS MUST MEET CURRENT LICENSURE REQUIREMENTS.

EDUCATION

Submit a certified copy of your diploma or certificate of graduation from an optometric college, school, or university approved by the Board and accredited by a regional or professional accreditation organization and recognized by the council on post-secondary accreditation or by the United States Department of Education.

EXAMINATION

Pass the National Board of Examiners in Optometry (NBEO) Exam Parts I and II after December 31, 1986 and pass the NBEO Exam Part III after January 1, 1991.

Request the NBEO send an official score report directly to the Board. An application to request a score report can be found on the internet at the website below or by contacting the NBEO directly.

National Board of Examiners in Optometry
200 S. College Street, #2010
Charlotte, NC 28202

Phone: 800-969-EXAM
Website: http://www.optometry.org/
Email: nbeo@optometry.org

Please note: Although passing the Treatment and Management of Ocular Disease (TMOD) Exam is not a requirement at this time, it is required for any licensee who wishes to become therapeutically ("TPA") certified in this State. You may obtain an application for TPA certification from the Board's website at: **cca.hawaii.gov/pvl.**

RECIPROCITY

An optometrist who is registered and licensed under the laws of another state or jurisdiction with qualifications for licensure which are, in the opinion of the Board, equivalent or exceed those of this State, as specified in Chapter 459, Hawaii Revised Statutes ("HRS"), and Chapter 16-92, Hawaii Administrative Rules ("HAR"), shall be licensed to practice optometry in Hawaii, subject to all of the following:

1) The originating state accords like privileges to the licensees of this State;

2) The educational requirements of the originating state are equivalent to or greater than those of this State, as specified in section 459-7, HRS;

3) The applicant has met the requirements of section 16-92-10, HAR;

4) The applicant has passed the NBEO written and practical examinations in their entirety;

5) The applicant has been engaged in the practice of optometry or in federal service continuously for not less than four of the five years immediately preceding the date of application;

6) The applicant has not committed acts which constitute professional misconduct, gross carelessness or negligence, or manifest incapacity in the practice of optometry as specified in subchapter 10 of 16-92, HAR, and

(CONTINUED ON PAGE 2)

RECIPROCITY (cont'd)

7) All states or jurisdictions in which the applicant is licensed have provided certified statements that the license of the applicant has not been and is not currently in the process of being investigated, suspended, or revoked by that state for any cause which constitutes grounds for revocation, suspension, or refusal to issue a license as specified in Chapter 459, HRS.

NOTE: If you are unable to apply for licensure via reciprocity because your state does not reciprocate with Hawaii and/or the educational requirements of your originating state are not equivalent or greater than that of Hawaii, you may apply for licensure by meeting the education and examination requirements.

DOCUMENTS REQUIRED FOR ALL APPLICANTS

1) Proof of Education: A certified copy of your diploma or certificate of graduation from an optometric college, school, or university approved by the Board and accredited by a regional or professional accreditation organization and recognized by the council on post-secondary accreditation or by the United States Department of Education.

2) NBEO Score Report: Request the NBEO send an official score report directly to the Board. An application to request a score report can be found on the internet at the website below or by contacting them directly.

National Board of Examiners in Optometry
200 S. College Street, #2010
Charlotte, NC 28202

Phone: 800-969-EXAM
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Email: nbeo@optometry.org

ADDITIONAL DOCUMENTS REQUIRED FOR RECIPROCITY APPLICANTS

1) License Verification: Have the licensing authority of each state/jurisdiction in which you hold a license, complete the "Verification of License" form (OD-02) and send it **directly** to the Board. Make copies of this form, as needed.

Check with the licensing authority for any fees you may need to pay and also the length of time for that agency to process your license verification to our State.

2) Education Requirements: A copy of the educational requirements of the originating state at the time your license in that state was granted.

FEES

Attach appropriate fee. Make check payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If license is issued in an EVEN-NUMBERED year, pay $242
(*Application fee-$15* + License fee-$42 + Compliance Resolution Fund-$100 + 1/2 Renewal-$85*)

If license is issued in an ODD-NUMBERED year, pay $107
(*Application fee-$15* + License fee-$42 + Compliance Resolution Fund-$50*)

*Application fee is not refundable.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you* ***may not*** *do business under that license. Also, a $25.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

(CONTINUED ON PAGE 3)

BIENNIAL RENEWAL AND CONTINUING EDUCATION

Licensees shall renew licenses on or before December 31 of each odd-numbered year. There is no grace period for renewals. Practicing optometry without a current license shall constitute unlicensed activity.

Licensees who are not therapeutically certified shall obtain 32 hours of approved continuing education during the biennium.

A person who is initially licensed in the first year of the biennium shall be required to submit certification of having earned 16 hours of continuing education for the biennium and a person who obtains licensure in the second year of the biennium need not obtain any continuing education hours for the first renewal of the license.

Licensees who are therapeutically certified shall obtain 36 hours of Board approved continuing education courses in the diagnosis, treatment, and management of ocular and systemic diseases, regardless of initial date of licensure. The one hundred hour course in the treatment and management of ocular disease shall satisfy the 36 hour continuing education requirement provided that the course was taken within the two years prior to the date the application for license renewal was received by the Board, and credits for the course were not used for a previous license renewal.

To review the complete continuing education requirements for relicensure, please see Hawaii Administrative Rules §§16-92-38 through 16-92-42.

LAWS & RULES PUBLICATION

To obtain a copy of the Board's laws, Chapter 459, Hawaii Revised Statutes and rules, Chapter 92, Hawaii Administrative Rules, send a written request to the address below. You are responsible for knowing and understanding the laws and rules and any amendments made to them throughout your career. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above laws and rules.

The laws and rules are also posted on our website at: **cca.hawaii.gov/pvl**. Look under "Optometry".

BOARD'S ADDRESS

Mail to:

Board of Examiners in Optometry
DCCA, PVL Licensing Branch
P. O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

LICENSEE ADDRESS

Pursuant to Section 16-92-3, HAR, you are required to file your business address with the Board and notify the Board in writing of any and all changes within 30 days of the change.

Instructions for "YES" Answers to Questions (8) through (10) of the Application for Exam & License (OD-01)

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 8 and 9 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "YES" to one or more of these questions, read paragraph "B" (on page 4), **AND** you must **submit** the following:

   i. A detailed statement signed by you explaining the circumstances; and

   ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;

2. If your application indicates a criminal conviction, read paragraph "B" (on page 4), **AND** you must **submit** the following:

   i. A detailed statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.

   ii. A copy of the court order, verdict, and terms of sentence; and

(CONTINUED ON PAGE 4)

iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders;

iv. A **current** criminal history record check in your name from the state where the conviction occurred **and** the state where you currently reside, if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 456 S. King Street, Room 102, Honolulu, HI 96813. Ph: (808) 587-3279 or visit their website at: **ag.hawaii.gov/hcjdc**. For other states/ jurisdictions, contact the local authority or Board for their forms, instructions and fees on obtaining a criminal history record check.

B. If you answered "YES" to any of the questions (8) through (10), your application may be reviewed at a Hawaii Board of Examiners in Optometry meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign and date it.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an examination requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR EXAM & LICENSE - OPTOMETRIST

Access this form via website at: **cca.hawaii.gov/pvl**

Read "*Requirements for License*" before completing this form.

Legal Name (First, Middle):	(Last):
Other Names Used (including maiden name):	
Residence Address (include apt. no., city, state & zip code):	
Business Address (include suite no., city, state & zip code):	
Mailing Address (ONLY if different from residence address):	Phone No. (days) Res: Bus:
Social Security No.:	Date of Birth:

FOR BOARD USE ONLY

- ☐ $242/$107
- ☐ diploma - Optometry school
- ☐ NBEO - Part I (after 1987)
- ☐ NBEO - Part II (after 1987)
- ☐ NBEO - Part III (after 1991)
- ☐ License Verification

Date Licensed:	License No.:
	OD -

Check answers. If response to questions 8, 9, or 10 is "YES", refer to instructions for additional documents that must be submitted with this application.

1. Are you at least 18 years of age? ..... ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ YES ☐ NO
3. Are you a graduate of an American optometric school recognized and approved by the American Optometric Association? ..... ☐ YES ☐ NO
4. Did you pass the NBEO Parts I and II after 1987 and Part III after 1991? ..... ☐ YES ☐ NO
5. At the time you took the NBEO exam, did you arrange to have the examination results sent to the Hawaii Board? .... ☐ YES ☐ NO

   Provide date you requested results: _____
6. Are you licensed to practice optometry in any other state in the United States? ..... ☐ YES ☐ NO

   State(s) licensed in: _____ Date(s) licensed: _____
7. Do you wish to be licensed through reciprocity? ..... ☐ YES ☐ NO

   What state are you basing your reciprocity on? _____
8. Has any license ever been suspended, revoked, or otherwise subject to disciplinary action? ..... ☐ YES ☐ NO
9. Are there any disciplinary actions pending against you? ..... ☐ YES ☐ NO
10. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐ YES ☐ NO

(SIGNATURE REQUIRED ON PAGE 2)

Appl	454	$15	CRF	458	$50/$100
Lic	456	$42	1/2 Renewal	450	$85
			Service Fee	BCF	$25

Print Name of Optometrist: _____ Date: _____

Affidavit of applicant:

I hereby certify that the answers, statements and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 459-9, Hawaii Revised Statutes). I further certify that I have read, understand and will abide by the laws and rules concerning optometry in the State of Hawaii.

_____ _____
Signature of Applicant Date

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print name of Individual who is assisting you: _____

Name of Organization: _____

_____ _____
Signature of Applicant Date

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