

# VERIFICATION OF LICENSE - OPTOMETRIST

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

State of Hawaii  
Board of Optometry  
P.O. Box 3469  
Honolulu, HI 96801

A P P L I C A N T	Name (First-Middle)	(Last)	Social Security No.	Date of Birth
	Address (Include apt. no., city, state and zip code) - <b>REQUIRED</b>		Have you <b>practiced</b> optometry not less than four out of five years immediately preceding the date of application for Hawaii License? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO  Were you in federal service during that time? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
	I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the State of Hawaii, Department of Commerce & Consumer Affairs, Hawaii Board of Optometry.  SIGN HERE: _____ Date: _____			

L I C E N S I N G  A G E N C Y  O N L Y	The above-named individual has submitted an application for licensure by reciprocity to practice as an optometrist in the State of Hawaii. Please answer the questions listed below and return this form as soon as possible.	
	1. Does your state accord licensure by reciprocity to licensees of Hawaii? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. Date the above-named individual was licensed: _____ License Number: _____	
	3. Is this license current? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4. Has this license ever been revoked, suspended or otherwise subject to disciplinary action? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain a "YES" response below and attach a copy of board's order and related information.)</i>
5. Is licensee currently being investigated or is there any disciplinary action pending? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain a "YES" response below and attach a copy of related information.)</i>	
EXPLANATION:		
Name and Address of Licensing Agency:		Signature: _____ Print Name: _____ Title: _____ Date: _____
TO THE BOARD: Return this form <b>directly</b> to the State of Hawaii, Department of Commerce & Consumer Affairs, Hawaii Board of Optometry.		BOARD SEAL

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.