

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURISDICTION

License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

One year: The license or certification by another jurisdiction must have been held for at least one year

Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go to the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- | | |
|--|---|
| <ul style="list-style-type: none">• Applicant's license in another jurisdiction is <u>not in good standing</u>.• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.• Applicant's application for license in another jurisdiction has been denied.• Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied. | <ul style="list-style-type: none">• Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State.• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority. <p>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</p> |
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A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS & INSTRUCTIONS - DISPENSING OPTICIAN LICENSE

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

Hawaii does NOT reciprocate with any other state or country. All applicants must meet the requirements set forth in the State of Hawaii dispensing opticians statutes and rules. As licensing requirements can change over a period of time, the applicant should contact the Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division ("Department") for current application and information.

APPLICATION FORM

Complete the online fillable application form or print legibly in black ink.

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

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensure purposes and for compliance with the laws mentioned below. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576-D13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

EXAMINATION

All methods of licensure requires the passage of **both** the National Opticianry Competency Examination (NOCE) and the Contact Lens Registry Examination (CLRE). **These are two separate exams.**

You must apply directly to the American Board of Opticianry (ABO) for the exams. Contact ABO for information, application form, and exam schedule at:

ABO
6506 Loisdale Rd., Ste. 209
Springfield, VA 22150

Phone: (703) 719-5800
www.abo.org

Have your exam scores sent directly to:

Department of Commerce & Consumer Affairs
Dispensing Optician Program
P.O. Box 3469
Honolulu, HI 96801

METHODS OF LICENSURE

You must be a high school graduate (or equivalent) **and** have completed **one** of the following:

OPTICIANRY WORK EXPERIENCE

You must be a high school graduate (or equivalent) and have a minimum of two (2) years of full-time practical and mechanical optical work experience as an opticianry apprentice, including experience with eyeglasses and contact lenses under the direct personal supervision of a licensed dispensing optician, optometrist or ophthalmologist. Direct supervision means that the licensed dispensing optician, optometrist or ophthalmologist is present on the premises of the optical establishment and is available for consultation by the unlicensed person.

(CONTINUED ON PAGE 2)

DOCUMENTS REQUIRED

- 1. Submit the Certification of Opticianry Work Experience Form completed by a licensed dispensing optician, optometrist or ophthalmologist.

If the state where you obtained your opticianry apprentice work experience issues separate licenses for spectacles and contact lenses, your dispensing optician supervisor must provide license numbers for both spectacle and contact lenses.

- 2. Evidence that you have successfully passed the NOCE and CLRE (see Examination section on page 1).

OPTICIANRY EDUCATION

You must have graduated from a two year opticianry program accredited by the Commission on Opticianry Accreditation.

DOCUMENTS REQUIRED

- 1. Arrange for the school to send **directly** to this office, official transcripts (with school seal & authorized signature) verifying graduation from a two year opticianry program.
- 2. Evidence that you have successfully passed the NOCE and CLRE (see Examination section on page 1).

VERIFICATION OF LICENSURE IN ANOTHER STATE

You must possess a current and valid license as a dispensing optician in another state or territory of the United States.

DOCUMENTS REQUIRED

- 1. Arrange to have the licensing agency in the other state to send **directly** to this office, a completed "Verification of License" form.

The verification of license shall include the following information: your name, license number, issuance date, expiration date, license status, a statement on whether your license has been disciplined or is pending investigation or possible disciplinary action, and a statement whether that state's law required you to successfully complete the National Opticianry Competency Examination (NOCE) and the Contact Lens Registry Examination (CLRE) prior to the issuance of your dispensing optician license.

- 2. Evidence that you have successfully passed the NOCE and CLRE (see Examination section on page 1).

FEES

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

If you expect to be licensed between:

July 1 of EVEN-numbered years (2016, 2018) and June 30 of ODD-numbered years (2017, 2019), submit fee of	\$218
<i>(\$20 Application fee* + \$28 License fee + \$100 Compliance Resolution Fund fee + \$70 fee for the second year of the two-year period)</i>	
July 1 of ODD-numbered years (2015, 2017) and June 30 of EVEN-numbered years (2016, 2018), submit fee of	\$ 98
<i>(\$20 Application fee* + \$28 License fee + \$50 Compliance Resolution Fund fee)</i>	

*Application fee is non-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 the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your license and must be received within 60 days of the date that your application for a license is denied.

**PROGRAM
ADDRESS**

Mail items to:

Dispensing Opticians Program
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

Toll free voice access numbers for the neighbor islands:

Kauai - 274-3141 ext. 6-3000

Hawaii - 974-4000 ext. 6-3000

Maui - 984-2400 ext. 6-3000

Molokai - 1-800-468-4644 ext. 6-3000

Lanai - 1-800-468-4644 ext. 6-3000

Instructions for "YES" answers to questions 8, 9 and 10 of the Application for License (DISP-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", AND you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of facts and conclusions of law, and any other relevant documents;
 - 2) If your application indicates a criminal conviction, read paragraph "B", AND you must **submit** the following:
 - i. A 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;
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency, honesty, truthfulness, financial integrity and fair dealings; and
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Room 102, Honolulu, Hawaii 96813. Phone: (808) 587-3100 or visit their website at: ecrim.ehawaii.gov to request a "Criminal History Record Check".
- NOTE:** If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.
- B. If you answered "YES" to questions 8 and 9, your application may be reviewed at a Dispensing Optician Advisory Committee meeting if you have provided all applicable information and documents as described above. The Advisory Committee will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

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LAWS & RULES

To obtain a copy of the Dispensing Opticians laws, Chapter 458, Hawaii Revised Statutes, and rules, Chapter 91, Hawaii Administrative Rules, send a written request to: Dispensing Opticians Program, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801. The licensee is held accountable for knowing and complying with the laws and rules of dispensing opticians practice as failure to comply may result in disciplinary action. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 458 and Chapter 91.

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

CURRENT MAILING ADDRESS

Each licensee is required to maintain a current mailing address with the Department. Submit each change, in writing, to the Department.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, **expire on July 1 of each even-numbered year** and are subject to renewal on or before the license expiration date. It is the licensee's responsibility to keep his or her license current.

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 of 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 exam 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.

APPLICATION FOR LICENSE - DISPENSING OPTICIANS

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

See Requirements & Instructions before completing this form.

Legal Name (First, Middle):		(Last):
Other names used (including maiden name):		
Residence Address (include apt. no., city, state & zip code):		
Mailing Address (ONLY if different from above):		
Social Security No.:	Date of Birth:	Phone No. (days):

FOR BOARD USE ONLY	<input type="checkbox"/> Approved	Date:
	<input type="checkbox"/> \$218/98	<input type="checkbox"/> exam scores
	<input type="checkbox"/> appln	<input type="checkbox"/> exp stmt
	<input type="checkbox"/> Transcript or	
	<input type="checkbox"/> Verif: _____	
Date Licensed	License No. DIO -	

(Check box only if applying for:) **Temporary Military Spouse License**

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

1. Are you at least 18 years old? YES NO
2. Are you a U.S. citizen, a U.S. National, or an alien authorized to work in the U.S.? YES NO
3. Are you a high school graduate or G.E.D.? YES NO
4. Do you have at least 2 years of full-time (minimum of 30 hours per week), practical and mechanical optical work experience as an optician apprentice under the direct personal supervision of a licensed optician, ophthalmologist or optometrist? YES NO
*If "YES", **attach** notarized statements.*
5. Have you taken and passed the NOCE and the CLRE? YES NO
 - a. When did you take the NOCE and the CLRE (month/year): _____
 - b. Have you authorized and arranged with the ABO to release your exam results to the Department? YES NO
6. Did you graduate from an opticianry course accredited by the Commission on Opticianry Accreditation? YES NO
 - a. If "YES", name of school: _____
 - b. Have you arranged to have your transcript sent to the Department? YES NO
7. Do you hold or ever held licenses in any other state? YES NO
 - a. What states? _____
 - b. Have you requested all states to send confirmation of your license and status to the Department? YES NO
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
If response to #8 or #9 is "YES", explain on a separate sheet of paper and arrange to have documents from each state in which disciplinary action was taken sent to our office.
10. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

(CONTINUED ON PAGE 2)

Appl	183	\$20	CRF	186	\$50/\$100
Lic	185	\$28	1/2 Ren	180	\$70
			Service Fee	BCF	\$25

Name of Applicant: _____

Date: _____

EMPLOYMENT HISTORY In Opticianry	Name and Address of Employer	Position Title	Dates (mo/yr)	
			From	To

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that misrepresentation is grounds for refusal to grant or subsequent revocation of license (Section 710-1017, Sections 458-9 and 436B-19, Hawaii Revised Statutes). I further certify that I have read, understand, and will comply with all the current laws and rules of Dispensing Opticians 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 the Department of Commerce and Consumer Affairs 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 (third party): _____

Signature of Applicant

Date

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.