

## 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   | <b>Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.</b> |
| CRIMINAL HISTORY RECORD CHECK   |  |
| <input type="checkbox"/> Electronic Fingerprinting  | <u>Only</u> necessary for:<br>Licensed practical nurse<br>Registered nurse   |
| Please contact Fieldprint, Inc. at <a href="http://fieldprinthawaii.com">http://fieldprinthawaii.com</a> 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<br><u>OR</u><br><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 the NPDB website at: [www.npdb.hrsa.gov](http://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"><li>• Applicant's license in another jurisdiction is <u>not in good standing</u>.</li><li>• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.</li><li>• Applicant's application for license in another jurisdiction has been denied.</li><li>• 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.</li></ul> | <ul style="list-style-type: none"><li>• 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.</li><li>• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority.</li></ul> <p><b>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</b></p> |
|--|---|

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 FOR LICENSE - OPTOMETRIST

Access this form via website at: [cca.hawaii.gov/pvl](http://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 HAWAII BOARD OF 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](mailto: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](http://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  
Website: <http://www.optometry.org/>  
Email: [nbeo@optometry.org](mailto:nbeo@optometry.org)

- 3) 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.

**ADDITIONAL  
DOCUMENTS  
REQUIRED FOR  
RECIPROCITY  
APPLICANTS**

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

**SOCIAL  
SECURITY  
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **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"):

**§576D-13(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).

**AGE OF MAJORITY  
& AUTHORIZATION  
TO WORK IN  
THE U.S.**

In addition to the other requirements, applicants shall be beyond the age of majority (18 years old) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a U.S. citizen or U.S. national or alien authorized to work in the U.S., your application may be denied.

(CONTINUED ON PAGE 3)



## 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.*

## 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](http://cca.hawaii.gov/pvl). Look under "Optometry".

## BOARD'S ADDRESS

Mail to:

Hawaii Board of 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

(CONTINUED ON PAGE 4)

**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
    - 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](http://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 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.

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](http://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)<br>Res:<br>Bus: |
| Social Security No.:  | Date of Birth: |                                  |

FOR BOARD USE ONLY

|   |                      |
|---|----------------------|
| <input type="checkbox"/> \$242/\$107                  |                      |
| <input type="checkbox"/> diploma - Optometry school   |                      |
| <input type="checkbox"/> NBEO - Part I (after 1987)   |                      |
| <input type="checkbox"/> NBEO - Part II (after 1987)  |                      |
| <input type="checkbox"/> NBEO - Part III (after 1991) |                      |
| <input type="checkbox"/> License Verification         |                      |
| Date Licensed:  | License No.:<br>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.

- Are you at least 18 years of age? ..... ☐ YES ☐ NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ YES ☐ NO
- Are you a graduate of an American optometric school recognized and approved by the American Optometric Association? ..... ☐ YES ☐ NO
- Did you pass the NBEO Parts I and II after 1986 and Part III after 1991? ..... ☐ YES ☐ NO
- 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: \_\_\_\_\_
- Are you licensed to practice optometry in any other state in the United States? ..... ☐ YES ☐ NO  
State(s) licensed in: \_\_\_\_\_ Date(s) licensed: \_\_\_\_\_
- Do you wish to be licensed through reciprocity? ..... ☐ YES ☐ NO  
**What state are you basing your reciprocity on?** \_\_\_\_\_
- Has any license ever been suspended, revoked, or otherwise subject to disciplinary action? ..... ☐ YES ☐ NO
- Are there any disciplinary actions pending against you? ..... ☐ YES ☐ NO
- 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)

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

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.