

IDAHO STATE BOARD OF OPTOMETRY
Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: opt@dopl.idaho.gov

APPLICATION FOR LICENSE

Please complete this form by providing the requested information. Submit this completed form, supporting documentation, and state law exam to the address noted above. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

ENDORSEMENT. If you are applying for licensure based on a license or registration that you hold in another state or a foreign country, the state or foreign country must have similar requirements for licensing or registration as those provided for new applicants in Idaho (including therapeutic privileges). Your license or registration to practice optometry must be current and in good standing and you must have been actively engaged in the practice of optometry continuously for three of the last four years. The Board must receive official certified documentation of licensure directly from the licensing authority. Many licensing authorities charge a fee for official certification. You must contact the appropriate authority and follow their instructions for requesting certification.

CHECKLIST FOR APPLICATION

- Completed application. All requested information must be provided, and the form must be notarized.
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of official transcripts sent directly to our office from the issuing authority.
- Photocopy of diploma from school of optometry.
- Official score report from NBEO demonstrating successful passage of National Optometry Examination, including Parts I, II, III, and TMOD.
- A copy of your current Cardiopulmonary Resuscitation (CPR) card showing the issue and expiration dates.
- If you are or have ever been licensed in another state, order certification of licensure to be sent directly to our office from the state(s) where you are currently or have ever been licensed. **If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.**
- If you answered ‘Yes’ to question #12 or 13;** Documentation as it relates to the question(s) for which you answered Yes.
- Attach the required fees.
- Copy of legal name change, if applicable (marriage license, divorce decree, or court order). This is applicable if the name used on any accompanying documents, such as transcripts or birth certificate, does not match the name on the application.**

APPLICATION FEE FEES \$ 100.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Idaho Code § 73-120, you must be licensed to practice. The Board’s Laws and Rules may be found at: <https://dopl.idaho.gov>

Please keep a copy of this application for your records.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

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APPLICATION FOR LICENSE - \$100

I hereby submit my qualifications and make application for a license to practice OPTOMETRY in the State of Idaho under the provisions of Title 54, Chapter 15, Idaho Code as amended.

1. **Full Name** (Mr., Mrs., or Ms.) _____ **OE Tracker #** _____

2. **Address of Record** _____
(This address is a public record.) Street / PO Box / Apt # City State Zip

3. **Mailing Address** _____
(Will be used as address of record if none is provided above.) Street/PO Box City State Zip

4. **Date of Birth** ____/____/____
mm dd yyyy
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

5. **Social Security No.** ____/____/____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 73-122)

6. **Business Phone** (____) _____ **Other Phone** (____) _____
(The above phone number is public record) (The above phone number is not public record)

7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

8. **Have you graduated from an accredited college or university of optometry?** () Yes () No
(If Yes, a certified copy of your transcripts and photo copy of your diploma must be received by the Board before your application will be processed)

Name and Location of School(s) Attended: _____

Dates of Attendance: _____ **Length of time you served as an intern:** _____

Place and with whom you served as an intern: _____

Describe the nature of your internship: _____

9. **Have you passed all parts of the National Optometry Examination including Parts I, II, III, TMOD?** () Yes () No
(If Yes, you must request an official score report be released to Idaho from the National Board of Examiners in Optometry.)

10. **Are you or have you ever been licensed to practice optometry in any other state or country?** () Yes () No
(If No, skip to Question No. 11. If Yes, certification of licensure must be received directly from the licensing authority or received in a print out from the issuing authority website guaranteeing primary source verification before your application will be processed.)

List licensure states: _____

11. **Have you been engaged in the practice of optometry continuously for three (3) of the last four (4) years?** () Yes () No

12. **Have you ever had a professional or occupational license suspended, revoked, or otherwise sanctioned for any profession?**
(If Yes, a copy of the findings of fact and final order must be received by the Board before your application will be processed) () Yes () No

13. **Have you ever been convicted of any State or Federal felony?** () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

(continued)

IDAHO STATE BOARD OF OPTOMETRY
APPLICATION FOR LICENSURE
(continued)

15. LICENSE TO PRESCRIBETHERAPEUTIC PHARMACEUTICAL AGENTS.

All applicants must submit the following:

- A copy of your current Cardiopulmonary Resuscitation (CPR) card showing the issue and expiration dates;
- A certified copy of your Treatment and Management of Ocular Diseases (TMOD) test results.

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.