

West Virginia Board of Optometry

179 Summer Street, Suite 231 • Charleston, WV 25301 • Phone: 304/558-5901
Fax: 304/558-5908

OFFICE USE ONLY

Examination:
Issued _____
License Number _____

Endorsement:
Issued _____
License Number _____

Please type or print clearly. Do not leave any sections blank. If not applicable write N/A.

Applicant's Name: _____
(Last) (First) (Middle) (Suffix)

Alternate Name (including Maiden Name): _____
(Last) (First) (Middle) (Suffix)

Mailing Address: _____
(Street or Post Office Box)

City: _____ State: _____ Zip: _____ County: _____

e-mail address: _____ U. S. Citizen: Yes _____ No _____

Date of Birth: _____ Place of Birth: _____ Sex: M ___ F ___

Name and Address of optometry school or college: _____

Date of Graduation: _____ Practice Emphasis (if applicable): _____
(MM/DD/YY)

If approved for licensure in WV, proposed practice location: _____

Have you served in the U.S. Military? _____
(Branch) (Rank) (Date of Discharge)

Instructions: Photographs must be of studio quality with head and shoulder areas only, with features distinct. Photographs must have been taken within the last 12 months.

PHOTO AREA

Paste photograph in this area. Complete and sign the affidavit to the right.

Proof photos, negatives, copies of photographs, photographs cut from books or newspaper articles are NOT accepted.

PHOTO DECLARATION

I hereby declare under the penalty of perjury under the laws of the State of West Virginia, that the photo of myself attached hereto, was taken on or about _____ (Date)

my color of hair _____

my color of eyes _____

my height _____ ft. _____ in.

my weight _____

my identifying marks:

Signature of Applicant: _____

Applicant's Name (Last, First, Middle)

<<READ EVERYTHING ON THIS PAGE CAREFULLY AND COMPLETELY>>
<<FALSE OR FRAUDULANT ANSWERS TO THE FOLLOWING QUESTIONS MAY RESULT IN LICENSURE DENIAL OR REVOCATION>>

Have you ever, in any jurisdiction, for any reason:

YES

NO

- 1. been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of optometry, or for unethical conduct?
- 2. † been charged with or convicted of or pled nolo contendere to any felony or misdemeanor
- 3. been charged with or convicted of a violation of the Controlled Substance Act or any other federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances?
- 4. had limitations, restrictions or conditions placed upon your license to practice, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation?
- 5. voluntarily surrendered or limited your license to practice optometry?
- 6. †† had any hospital privileges limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation?
- 7. voluntarily resigned from any "medical" staff or voluntarily limited such staff privileges while under investigation by any health care institution or committee thereof or prior to any final decision by a hospital or health care facility's governing board?
- 8. been denied the right to take an examination for licensure in any state or been ejected from any optometry exam-
- 9. ination?
- 10. been denied a license to practice optometry?
- 11. had your DEA registration restricted or removed?
- 12. been convicted of Medicare or Medicaid fraud, and/or received any sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal or state government?
- 13. * had any judgements or settlements arising from medical professional liability rendered or made against you, and if so, how many?

Have you in the last five (5) years, in any jurisdiction:

- 14. ** been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances, or been dependent upon alcohol or received treatment for alcohol dependency?
- 15. had any interruption in your practice of optometry which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the optometry profession in a manner consistent with standards of conduct for the optometry profession?
- 16. had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the optometric profession in a manner with the standards of conduct for optometry?

IMPORTANT INFORMATION

If you answered "YES" to any of the above questions, you MUST furnish full details on an 8½ x 11 sheet of paper which MUST be attached to this application. On attachment, please include your name and page number of the application.

† If you answered "YES" to Question 2, you MUST cause to be submitted directly to this office from the court all court documents pertaining to your answer.

†† If you answered "YES" to Question 6, you MUST cause to be submitted directly to this office from the facility all information pertaining to your answer.

* If you answered "YES" to Question 12, for each judgment or settlement you MUST complete Appendix A, which is attached to this application. If more than one judgement or settlement, you may make copies of Appendix A.

** If you answered "YES" to Question 13 and have gone through a rehabilitation program, you MUST have that program furnish this Board a report of your treatment and progress.

