

# West Virginia Board of Optometry

179 Summers 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: \_\_\_\_\_

**STATE LICENSURE INFORMATION**

List all other licenses held in other states or jurisdictions regardless of the status of the license (i.e., active, inactive, lapsed, expired, revoked, suspended, or surrendered) and list any state or jurisdiction in which you have ever applied for an optometric license, including those where your application was withdrawn.

I have applied for licensure in the following states:	Year	Granted		Levels of Licensure:				Licensure Based Upon:			Status (See list above)	
		Yes	No	Date of DPA	License No.	Date of TPA	License No.	Date of Systemic	State Board	Endorsement		Reciprocity

**POST GRADUATE EDUCATION**

List all post-graduate education training, including externship and/or residency, since graduation from optometry school with dates and complete addresses of doctors' offices or institutions. Do not list practice experience.

Beginning Date	Ending Date	Name of Doctor or Institution	Address	Completed? Yes/No

Answers to the following questions now are required under the provisions of West Virginia Code §48A-5A-5(c). Also, West Virginia Code §48A-5A-5(c) requires the application to acknowledge that “making a false statement may subject a license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.”

I certify, under penalty of false swearing, that:

	<u>YES</u>	<u>NO</u>
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1. I have a court ordered child support obligation? .....
2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six (6) months? .....
3. I am the subject of a child support related subpoena or warrant? .....

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.

Applicant's Name (Last, First, Middle)

### PROFESSIONAL ACTIVITIES

List in chronological order all of your professional activities and/or places of employment since graduation from a school or college of optometry. This includes hospitals, teaching institutions, HMO's, private practice, corporations, military assignments, government agencies, and Locum Tenens assignments. Exclude post-graduate training (e.g., residency, fellowship). Also, include all periods of unemployment. You may attach additional sheets, if needed. C. V. not accepted.

From	To	Employer Name	Employer Address	Position

If you need additional space, attach an 8½ x 11 sheet of paper. On the attachment, please include your name and the page number of the application. Provide complete information. (The Board's need to request additional information from you may lengthen the application process.)

**AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of West Virginia; that I am the person named in the diploma which accompanies this application; that I am that lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby request and authorize all institutions or organizations, personal references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the West Virginia Board of Optometry any information, files, or records required by the Board regarding my clinical ability, education, training, professional ethics, character, physical and mental health, emotional stability, veracity, and any other factors which will or may reflect upon my competence, ethical integrity or physical or mental well-being, for its evaluation of my professional qualifications for licensure in the State of West Virginia. I hereby release all such individuals and entities and their employees, agents and designees from any and all liability for the transmittal of any information or records bearing on my professional qualifications in connection with this request and authorization.

I have carefully read and understood all the questions included on each page of this application and have answered all of the questions completely, without reservations of any kind. I declare that my answers and all statements made by me herein are true and correct. I understand that any license issued based upon this application is based on the truth of the statements contained in this application. Should I furnish any false information in this application, I hereby agree and understand that such act shall constitute good cause for the denial, suspension, or revocation of my license to practice in the State of West Virginia.

A photocopy of this Affidavit shall have the same force and effect as the original.

In addition to the foregoing, I add the following:

- (a) I have read and understand the West Virginia Board of Optometry statutes and regulations and am aware that if granted a license to practice optometry in West Virginia, I am required to comply with all laws and regulations governing the practice of optometry and the use of controlled substances in West Virginia.
- (b) I hereby give permission to the West Virginia Board of Optometry to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any Agent thereof, and to substantiate my statement(s) if desired by the Board.
- (c) I shall present any credentials required or requested by the Board.
- (d) I have attached a money order or cashier's check in the amount of \$300.00, made payable to the West Virginia Board of Optometry (**NON-REFUNDABLE**).
- (e) I hereby certify that in applying to the West Virginia Board of Optometry for a license to practice optometry in West Virginia, I have made no fraudulent or deceitful statement, nor have I made any misrepresentation of a material fact. I agree that if I am granted a license I will practice my profession of optometry in an ethical manner; that I will not participate directly in any illegal or unethical modes of practice; that I will not practice optometry under a false or assumed name; that I will not knowingly enter the employment of or the association with any person, firm or corporation engaged in the practice of optometry contrary to the laws of the State of West Virginia; I further certify that I will at all times obey the regulations of the West Virginia Board of Optometry and the laws of the State of West Virginia relating to the practice of optometry.
- (f) I, \_\_\_\_\_, the applicant herein, depose and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information of facts concerning my qualification as an applicant shall be sufficient grounds for the suspension, cancellation, or revocation of my West Virginia Board of Optometry License even though it is not discovered until after issuance.

Applicant's Name (Last, First, Middle) \_\_\_\_\_

State: \_\_\_\_\_ City/County: \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ Who after being duly sworn by me on his or her oath that all facts, statements, and answers contained in this application are true and correct in every respect.

\_\_\_\_\_  
Applicant's Signature (Signed in Presence of Notary)

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which witness my hand and official seal of office.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**\*All requested documents must be certified and mailed by the issuing institution.**

**Enclose:**

1. Two (2) 2" x 2" recent photographs; attach one to page #1 (signed by applicant)
2. \*Undergraduate and professional optometric transcripts
3. Copy of birth certificate
4. \*Transcript of National Board Scores
5. Cashier's check or money order made out to the WV Board of Optometry in the amount of \$300.00 (NON-REFUNDABLE)
6. Application needs to be notarized!