



# Board of Opticianry

## Application for Licensure Examination

Department of Health  
Florida Board of Opticianry  
4052 Bald Cypress Way, #C-08  
Tallahassee, FL 32399-3258  
Telephone: (850) 245-4474  
[www.doh.state.fl.us/mqa/opticianry](http://www.doh.state.fl.us/mqa/opticianry)  
Email: [MQA\\_Opticianry@doh.state.fl.us](mailto:MQA_Opticianry@doh.state.fl.us)

## Opticianry Application for Licensure Examination Instructions

Applicants are strongly encouraged to review Section 484.007, Florida Statutes, and Rule Chapter 64B12-9, Florida Administrative Code, prior to submitting this application.

### Requirements to be Certified Eligible to Take the Licensure Examination

- Completion of Opticianry Application for Licensure Examination;
- Payment of \$100.00 application fee, which is non-refundable;
- Not less than 18 years of age;
- Graduate of an accredited High School or possesses a certificate of equivalency of a high school education;
- Passing score on the National Opticianry Competency Examination within three years of application or current ABO certification\*;
- Passing score on the Contact Lens Registry Examination within three years of application or current NCLE certification\*; **and**
- Meets one of the following:
  1. Has received an associate degree in opticianry from an accredited school;
  2. Is licensed in another state and has actively practiced in that state for at least three of the last five years immediately preceding application;
  3. Practiced in a state in which licensure is not required for at least five of the last seven years immediately preceding application; **or**
  4. Registered as an apprentice with the department and completed 6,240 hours of training under a registered sponsor within five years after the date of registration.

\* The American Board of Opticianry (ABO) and the National Contact Lens Examiners (NCLE) may be reached at 1-800-296-1379 and their website is [www.abo-ncle.org](http://www.abo-ncle.org).

The fee must accompany the application. Please make the check or money order payable to the Department of Health. Mail the application, fee, and supporting documentation to:

**Board of Opticianry  
P. O. BOX 6330  
Tallahassee, FL 32314-6330**

Any supporting documentation mailed separately from the application should be mailed to:

**Board of Opticianry  
4052 Bald Cypress Way, Bin C08  
Tallahassee, FL 32399-3258**

Pursuant to section 456.013(1)(a), Florida Statutes, an incomplete application shall expire one year after initial filing with the department.

Upon completion of your application, you will receive a status letter. If you have met the requirements and are certified eligible for the examination, you will receive information on how to register to sit for the examination. If you have not met the requirements, you will be advised of your deficiencies.

**Exam Review Course:** The Board of Opticianry does **not** offer an examination review course. Furthermore, there are **no** examination review courses that are endorsed by the Board of Opticianry.

**Address Change:** If your address changes, you must provide written notification to the board office. Include your full name, old address, new address, and whether this is your mailing and/or your practice location address.

**Name Change:** If you have a legal name change, you must provide signed, written notification to the board office. Include your full name as you applied, your new full name, and a photocopy of the applicable legal document. Your name cannot be changed without valid legal documentation.

**Social Security Number:** Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317.

**Licensee Information On The Internet:** When you become licensed your name, license number and practice location address will be available through our Website License Verification. The application asks for two addresses, a mailing address and a practice location address. All documents, including your license, will be sent to your mailing address. Your practice location address will be printed on your license and will show as your address of record on our Website, which provides the public with information on licensed health care practitioners in the State of Florida. If you only provide one address, it will be used for both the mailing address and the practice location address.

**License/Certificate/Registration Verification:** This form is required **only if** you hold or have ever held a license, certificate, or registration in any state or U.S. territory. You must mail this form to each agency that issued you a license, certificate, or registration. That agency must complete the form and mail the form directly to the board office. It will not be considered official if the verification form is received from the applicant.

**Documents In A Foreign Language:** A certified translator who is not related to the applicant must translate any document that is in a language other than ENGLISH.

### **Requirements For Licensure As An Optician**

- Successful completion of all parts of the examination for Florida licensure;
- The original certificate documenting successful completion of a two-hour laws and rules course by a Board approved laws and rules course provider;
- Copy of certificate documenting successful completion of a two-hour continuing education course relating to the prevention of medical errors. The course must be approved by the Board and shall include a study of root-cause analysis, error reduction and prevention, and patient safety;
- Copy of certificate documenting successful completion of a two-hour live technical practice continuing education course on fitting and adjusting by a Board approved provider;
- No discovery of disqualifying factors prior to licensure;
- Payment of the initial licensure fee within one (1) year of notification of successful passage of the examination for Florida licensure; **and**
- Completion of Initial Licensure Form, see last page of this application packet.

All licensees are responsible for knowing the laws and rules that regulate their profession. The laws in Chapter 484, Part I, Florida Statutes (F.S.), are directly related to the profession of Opticianry, and Chapter 456, F.S., governs all health care professions licensed by the Department of Health. Rule Chapter 64B12, Florida Administrative Code (F.A.C.), are the rules that govern the profession of Opticianry. Rule Chapter 64B29, F.A.C., are the rules that govern optical establishments. The laws and rules are accessible at the Opticianry Website at [www.doh.state.fl.us/mqa/opticianry](http://www.doh.state.fl.us/mqa/opticianry).

## **COMPLETING THE APPLICATION**

Original forms with an original signature must be submitted; photocopies will not be accepted. Print neatly in black ballpoint pen or type all information. To eliminate mailing time and expedite your application, you may apply online at [www.flhealthsource.com](http://www.flhealthsource.com).

1. **Applicant Profile Data:** List your full legal name as it should appear on your license. Attach one passport style photograph to the lower right corner of page 1 of the application.
2. **Education:** Provide a photocopy of your high school diploma or equivalency certificate.
3. **Eligibility Data:** Indicate your method of application and provide the appropriate documentation.
  - **Apprenticeship:** Please provide your apprentice (DA) number or a copy of your apprenticeship completion letter;
  - **Associate Degree in Opticianry:** You must request that an official transcript be sent from the accredited institution where you received your associate's degree directly to the board office or it will not be considered official. The transcript must show that the degree was awarded;
  - **Licensed and Actively Practiced in Another State, Territory, or Jurisdiction of the United States for Three (3) of the Last Five (5) Years:** The License/Certificate/Registration Verification form must be completed by the state(s) in which you **hold or** have ever held a license, certificate, or registration. This form must be completed and sent directly to us from the agency which issued the license, certificate, or registration, or it will not be considered official; **or**
  - **Actively Practiced in Another State, Territory, or Jurisdiction of the United States for Five (5) of the Last Seven (7) Years:** If you practiced in a state that does not require a license please provide tax records, business records, affidavits, or other satisfactory documentation showing proof of practice of Opticianry.
4. **Applicant Licensure Status:** A License/Certificate/Registration Verification form is required from each state or U.S. territory where you hold or have ever held a license, certificate, or registration to practice Opticianry.
5. **Professional Experience:** Starting with the most recent, list all Opticianry work experience. Do not leave any blanks or lapses in time. If you were unemployed or not working in an optical setting, these should also be listed.
6. **Applicant History-Professional:** If you answer "yes" to any question(s) in this section you must provide the board complete details.
7. **Applicant History-General:** If you answer "yes" to the history question in this section, you must explain in detail on a separate sheet. In your explanation, include dates, jurisdictions, offenses, specific circumstances, and dispositions. You **must** include a certified copy of the dispositions.
8. **Applicant History:** Pursuant to Section 456.0635, Florida Statutes. These questions are asked pursuant to Section 456.0635(2), Florida Statutes. Please note that if you answer "no" to 1a, **do not** answer 1b; if you answer "no" to 2a, **do not** answer 2b; and if you answer "no" to 3a, **do not** answer 3b and 3c.
9. **Applicant Statement:** Read this entire section then sign and date. Your original signature is required.
10. **Social Security Number:** Your Social Security number is required.
11. **Applicant History – Health:** The Board reviews each applicant's history to determine that the applicant is able to practice the profession with reasonable skill and competence. If you have a history of serious, chronic, or recent mental health problems or addiction to drugs, you must submit a current mental health status report. Mental health status reports must come from a licensed mental health professional, with which you have no personal or professional relationship, wherein this professional opines that you are able to practice with reasonable skill and safety to patients or clients.



## Opticianry Application For Licensure Examination (2001)

### 1. APPLICANT PROFILE DATA (PLEASE TYPE OR PRINT IN BLACK INK)

Name	Last	First	Middle
Mailing Address	No. and Street .		Apt. No.
	City	State	Zip Code

DO NOT WRITE IN THIS SPACE  
FOR OFFICE USE ONLY

* Practice Location Address	No. and Street	Apt. No.	Date of Birth: ____/____/____
	City	State	Zip Code Place of Birth: (City, State)

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name?  
 YES  NO If "YES", list the name(s):  
 \_\_\_\_\_

Home Telephone: Area Code (      )	Business Telephone: Area Code (      )	Fax Number: Area Code (      )
E-Mail Address: (optional)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR 38295 (8/25/78). This information is gathered for statistical purposes only and does not in any way affect your candidacy for licensure.

RACE:  Caucasian  African-American  Hispanic  Asian  Native American  Other \_\_\_\_\_

### 2. EDUCATION

Name & Address of High School \_\_\_\_\_

Received:  Diploma  GED Date Completed: \_\_\_\_\_

Name & Address of Optical School (if any) \_\_\_\_\_

### 3. ELIGIBILITY DATA

Indicate the method by which you qualify for the Opticianry Examination:

Completed the Apprenticeship Program / Registered Apprentice Number DA \_\_\_\_\_

Associate Degree in Opticianry.

Licensed by examination in another state, territory, or jurisdiction of the United States.

Practiced over five years in an unlicensed state, territory, or jurisdiction of the United States.

\* Your Practice Location Address will show on our Internet License Verification, which provides the public with information on licensed health care practitioners in the State of Florida. If you only provide one address, it will be used for both the mailing address and the practice location address.

Please note that your practice location address must be a street address.

Tape one 2" x 2" photo here taken within the last six months.  
 Photo must be professional quality showing only the head and shoulders.  
 Print name on back of photo

**4. APPLICANT LICENSURE STATUS**

A. Do you hold or have you ever held a license, certificate, or registration to practice Opticianry in any state (including Florida), territory, or jurisdiction of the United States, or foreign country?     YES     NO  
 If YES, list all licenses, certificates, and/or registrations and the issuing state, territory, or foreign country. Each issuing state, territory, or foreign country must submit a license/certificate/registration verification form.

TYPE OF LICENSE/CERTIFICATE	ISSUING STATE, TERRITORY, FOREIGN COUNTRY

B. Do you have any applications for licensure, certification, or registration in Opticianry currently pending in any state (including Florida), U.S. territory, or foreign country?     YES     NO  
 If YES, list all pending applications and the issuing state, territory, or foreign country:

**5. PROFESSIONAL EXPERIENCE**

Starting with the most recent experience, list below all work experience. Attach additional sheets if necessary.

Dates of Experience From M/D/Y To M/D/Y Explain all breaks in experience	Place of Employment and Address (actual location where you worked)	Duties Performed
1. _____ _____	1. _____ _____ _____	1. _____ _____ _____
2. _____ _____	2. _____ _____ _____	2. _____ _____ _____
3. _____ _____	3. _____ _____ _____	3. _____ _____ _____
4. _____ _____	4. _____ _____ _____	4. _____ _____ _____
5. _____ _____	5. _____ _____ _____	5. _____ _____ _____
6. _____ _____	6. _____ _____ _____	6. _____ _____ _____
7. _____ _____	7. _____ _____ _____	7. _____ _____ _____

<b>6. APPLICANT HISTORY – PROFESSIONAL</b>	
A. Have you ever been denied licensure, certification, or registration for Opticianry or any health-related profession or the renewal thereof in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you ever been denied the right to take an Opticianry licensure examination?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including:	
1. Acts of dishonesty, fraud, or deceit	1. <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Lying on a resume or misrepresentation	2. <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Academic misconduct, including acts such as cheating or plagiarism	3. <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Theft	4. <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Sexual harassment	5. <input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "YES" to any question in Section 6, you must provide the board complete details.	
<b>7. APPLICANT HISTORY – GENERAL</b>	
Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to any crime in any jurisdiction, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answer YES, you must explain in detail on a separate sheet. In your explanation, include dates, jurisdictions, offenses, specific circumstances, and dispositions. You <b>must</b> include a certified copy of the court records/dispositions.	
<b>8. Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.</b>	
1a. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? <b>(If no, do not answer 1b.)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
1b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <b>(If no, do not answer 2b.)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? <b>(If no, do not answer 3b and 3c.)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3c. Did the termination occur at least 20 years prior to the date of this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**9. APPLICANT STATEMENT**

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past or present), business and professional associates (past or present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organizations, individuals, and groups listed above any information which is material to my application.

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by s. 456.072, F.S., and 456.013(1)(a), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind. I declare that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license pursuant to s. 456.067, F.S., or criminal penalties pursuant to s. 775.082, s. 775.083, or s. 775.085, F.S. Should I furnish any false information on this application, I hereby acknowledge that such act may constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida.

The practice of Opticianry in Florida is governed by Chapters 456 and 484, Part I, Florida Statutes, and Chapter 64B12, Florida Administrative Code, which I state I have read and understand. I understand that it is my responsibility to keep informed of any changes to Chapters 456 and 484, Part I, F.S., and Chapter 64B12, Florida Administrative Code.

I understand that pursuant to s. 456.013(1)(a), F.S., an incomplete application shall expire 1 year after initial filing.

I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date





**LICENSE / CERTIFICATE / REGISTRATION VERIFICATION FORM**

I am applying for licensure in the State of Florida. The Florida Board of Opticianry requires verification of licensure by each jurisdiction in which I hold or have ever held a license. Please complete Part II and return to the Florida Board of Opticianry at the address below.

**PART I: TO BE COMPLETED BY THE APPLICANT.**

Complete this part and submit to each state where you hold or have ever held a license to practice Opticianry.

Applicant Name (please print): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_ State of: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**PART II: TO BE COMPLETED BY AN OFFICIAL OF THE REGULATORY BOARD AND RETURNED TO THE ADDRESS BELOW**

Licensee's Name: \_\_\_\_\_ Profession: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

License/Certification Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is there any time period when this license was not active for any reason?  YES  NO

If Yes, please list the beginning and ending dates of non-active periods and the reasons.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any disciplinary action information on file regarding this licensee?  YES  NO

If this license was ever revoked, suspended or otherwise acted against, please provide a copy of the action(s) with this form when it is returned.

Board/State Seal

Verified by: \_\_\_\_\_

Signature of Official

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Name of State

\_\_\_\_\_  
Date Signed

Please return this form to: Florida Board of Opticianry  
4052 Bald Cypress Way, Bin C-08, Tallahassee, FL 32399-3258



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## **EXAMINATION APPLICATION CHECKLIST**

The following items must be received in order for your application to be complete:

### **MAILED BY THE APPLICANT:**

- \_\_\_\_\_ Completed and signed application
- \_\_\_\_\_ Check or money order in the amount of \$100.00
- \_\_\_\_\_ One 2" x 2" recent passport-style photo
- \_\_\_\_\_ Photocopy of current ABO certification or proof of passing the ABO examination within three years of application
- \_\_\_\_\_ Photocopy of current NCLE certification or proof of passing the NCLE examination within three years of application
- \_\_\_\_\_ Photocopy of High School diploma or equivalency  
Registered apprentices do not need to submit this
- \_\_\_\_\_ Detailed explanation and required documentation for any "Yes" answers to history questions
- \_\_\_\_\_ Documentation showing proof of five years Opticianry practice within the last 7 years, if you are qualifying by this method

### **MAILED BY THE ORIGINATING SOURCE:**

- \_\_\_\_\_ License/Certificate/Registration Verification Form from each state where you hold or have ever held a license, certificate, or registration
- \_\_\_\_\_ Official transcript showing Associate Degree in Opticianry was earned, if you are qualifying by this method



# INITIAL LICENSURE FORM

## OPTICIANRY (2001)

Do not write in this space

**Please Note:** According to Rule 64B12-9.0015(5), Florida Administrative Code, the initial licensure fee **must** be paid within one year of notification of successful passage of the examination.

To receive your initial license, please complete and return this form with a check or money order made payable to the Department of Health for the initial licensure fee. The licensure biennium ends on December 31 of every even-numbered year. Please determine the correct amount of your initial licensure fee from the following information:

- If you submit the fee in an odd-numbered year, the initial licensure fee is \$130.00 and you will be required to renew your license by December 31 of the following year.  
(Example: Submit \$130 on 12/10/2011 and your first renewal will be 12/31/2012.)
- If you submit the fee between January 1 and August 30 of an even-numbered year, the initial licensure fee is \$67.50 and you will be required to renew your license by December 31 of the same year.  
(Example: Submit \$67.50 on 8/15/2012 and your first renewal will be 12/31/2012.)
- If you submit the fee after August 30 of an even-numbered year, the initial licensure fee is \$130.00 and you will be required to renew your license by December 31 of the next even-numbered year.  
(Example: Submit \$130 on 9/5/2012 and your first renewal will be 12/31/2014.)

Note: The renewal cycle begins on September 1 of each even-numbered year and when a license is issued during the renewal cycle, the expiration date is for the following biennium.

NAME (PRINT NEATLY OR TYPE ALL INFORMATION) \_\_\_\_\_

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

CHECK THIS BOX IF YOUR MAILING OR LOCATION ADDRESS HAS CHANGED

Please return this form with a check or money order to:

Board of Opticianry  
P.O. Box 6330  
Tallahassee, Florida 32314-6330