



State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Examiners in Optometry
333 Willoughby Ave, 9th Floor
P.O. Box 110806, Juneau, Alaska 99811-0806
Phone: (907) 465-2695
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ

OPTOMETRY APPLICATION INSTRUCTIONS

Alaska Statute 08.72.110 states that no person may practice optometry in the state without first obtaining an Alaska license.

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application. (If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division.)

When submitting fees, make check or money order payable to the State of Alaska.

All licenses expire December 31 of even-numbered years regardless of when first issued, except permanent licenses issued within 90 days of the December 31 expiration date will be issued to the next biennium.

EXAMINATION ON ALASKA STATE LAW:

The Alaska State Optometry Law Examination is an open book examination and covers the material contained in the board's statutes and regulations under AS 08.72 and 12 AAC 48.

When all application documents have been received and your application appears complete, your application will be mailed to board members for review (applications are sent to the board on the 1st and 15th of each month). Generally, the board review is completed within three weeks.

Upon board approval of your application, you will be sent the law examination for completion.

Upon passage of the law examination, a license will be issued.

ALL LICENSEES:

The following documents must be on file with the department before the board will review your application:

- 1. A completed, notarized application (form 08-4232) and photograph. If a section of the application does not apply or you do not have a response, enter N/A in the appropriate box or field.
- 2. Fees: \$50.00 Nonrefundable Application Fee
\$50.00 State Law Examination Fee
\$200.00 Initial License Fee
\$20.00 Wall Certificate Fee (optional)
- 3. Authorization for Release of Records (form 08-4232a)
- 4. Official transcript sent directly to the Division from an approved college of optometry indicating OD degree.
- 5. Two notarized letters of reference — use form 08-4232b.
- 6. Official Verification of Licensure sent directly to the Division from each jurisdiction in which you hold or have held a license to practice optometry – use form 08-4232c.
- 7. Verification of your current employment status and disciplinary history from each federal agency where you are, or have been, employed as an optometrist, if applicable.
- 8. Certificate of completion of 23 hours in nontopical therapeutic pharmaceutical agent course or passing TMOD/PAM.
- 9. Certificate of completion of 7 hours in an optometry and nontopical therapeutic pharmaceutical agent injection course.
- 10. Copy of a valid DEA registration, should you have one.

LICENSE BY EXAMINATION:

In addition to the requirements for all licensees, a licensee seeking licensure by examination must also provide:

1. Passing scores on all parts of the written and practical examination administered by the NBEO taken within 5 years of the date of application and sent directly to the division from the NBEO (part I, II, III and TMOD).
2. If the date of the final NBEO score was greater than 2 years from the date of application, submit documentation of 36 hours of continuing education (per 12 AAC 48.210).

LICENSE BY CREDENTIALS:

In addition to the requirements for all licensees, a licensee seeking licensure by credentials must also provide:

1. Passing scores on an NBEO examination taken at any time sent directly to the division from the NBEO.
2. Affidavit certifying at least 3,120 hours of active licensed clinical practice experience in optometry within 36 months preceding the date of application, signed by a licensed health care professional who is familiar with your practice – use form 08-4232d.
3. Official verification of licensure sent directly from each state, territory or province of the United States or Canada that has equivalent licensing requirements, in which you hold or have held a license to practice optometry –use form 08-4232c. **Note:** You may be required to provide proof of additional education if you are licensed in a state that does not have licensure requirements equivalent to Alaska.

GENERAL INFORMATION

SPECIAL ACCOMMODATIONS FOR EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed “Application for Examination Accommodation for Candidates with Disabilities” form. This form is available on the division’s Website: www.commerce.alaska.gov/occ or contact the division to request the form.

SOCIAL SECURITY NUMBERS

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the “Request for Exception from Social Security Number Requirement” form located on the division’s website at: www.commerce.alaska.gov/occ or contact the division to request to form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOAN

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION

Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division’s website at: www.commerce.alaska.gov/occ under “Professional Licensing Search.”

STATUTES AND REGULATIONS

The complete set of Board of Examiners in Optometry Statutes and Regulations is available on the board’s website at: www.commerce.alaska.gov/occ/popt.htm. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

DENIAL OF APPLICATION

Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.



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 E-mail: license@alaska.gov
 Website: http://commerce.alaska.gov/occ/popt.htm

OPT

For Division Use Only

APPLICATION FOR OPTOMETRY LICENSE

Are you applying for: Licensure by Examination
 Licensure by Credentials

Nonrefundable Application Fee: \$ 50.00
 State Law Examination Fee: \$ 50.00
 Initial License Fee: \$200.00
 Wall Certificate (optional): \$ 20.00

INSTRUCTIONS TO APPLICANT

All information requested in this application must be supplied by the applicant. Each question must be answered fully, truthfully, and accurately. Any omissions, or inaccuracies are grounds for disapproval and rejection.

Do you hold current license to practice optometry in another state or province of Canada?..... Yes No
 Have you passed Parts I, II, III, and TMOD of the NBEO exam within 5 years of the application..... Yes No

Part I: PERSONAL IDENTIFICATION INFORMATION*Type or Print Legibly*

Full Legal Name (Last, First, Middle)	Last	First	Middle	DOB:	mm/dd/yy / /
Other Names Used (nick names, maiden name)				Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	Address (Include street address if using post office box)				
	City	State	Zip Code		
Telephone	Work:	Home:			
E-Mail (optional)					
Have you ever practiced optometry in the State of Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No		AK Optometry License #:		
If yes, Please explain:					

Part II: EDUCATION*(AS 08.72.140(1))*

College or University	City and State	Years of Attendance	Degree Type/Date Awarded
School of Optometry	City and State	Years of Attendance	Degree Type/Date Awarded

APPLICANT: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure. (per AS 08.01.060)	Social Security Number
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Part III: LICENSE HISTORY

(AS 08.72.140(3))

List all jurisdictions in which you hold or have held licenses to practice optometry.

Jurisdiction	License Number	Original Date of Issue	Expiration Date	Endorsements
				<input type="checkbox"/> TPA <input type="checkbox"/> DPA <input type="checkbox"/> Orals <input type="checkbox"/> Injections <input type="checkbox"/> Glaucoma <input type="checkbox"/> Other
				<input type="checkbox"/> TPA <input type="checkbox"/> DPA <input type="checkbox"/> Orals <input type="checkbox"/> Injections <input type="checkbox"/> Glaucoma <input type="checkbox"/> Other
				<input type="checkbox"/> TPA <input type="checkbox"/> DPA <input type="checkbox"/> Orals <input type="checkbox"/> Injections <input type="checkbox"/> Glaucoma <input type="checkbox"/> Other

Part IV: PERSONAL DATA

In responding to the questions in Parts IV below, please check the appropriate box next to each question. A "Yes" response to a question does not automatically result in a denial of license application. For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. When in doubt about your response, disclose and provide the explanation requested. Include copies of court orders, charging documents, board or license actions, etc.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN!

YES NO

- Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
- Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?.....
- Are you now or have you been in the last five years diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness?.....
- Are you now or have you been in the last five years been treated for, or addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs?.....
- Do you have a physical disability or illness, which could affect your ability to practice as an optometrist?.....

Please be aware that all information supplied with this application will be available to the public, unless required to be kept confidential pursuant to state or federal law.

Part V: OCCUPATIONAL HISTORY

(Past Five Years Only – Attach additional page if needed. Do not attach resume or CV.)

Clinic Name	Full Address	Dates of Employment	Type of Practice (self, group private practice, commercial, HMO, military, other)	Position Held
		mm/yy to mm/yy		
		mm/yy to mm/yy		
		mm/yy to mm/yy		
		mm/yy to mm/yy		

Part VI: EXAMINATION/COURSE HISTORY

(AS 08.72.140(4))

List any/all exams & courses taken. For online courses, list the name of the company/website.

NBEO Exam	Place & Location	Date Completed mm/dd/yy	Passed?
23 Hours Nontopical Therapeutic Agent/TMOD/PAM	Place & Location	Date Completed mm/dd/yy	Passed?
7 Hour Injections Course	Place & Location	Date Completed mm/dd/yy	Passed?

Part VII: DEA REGISTRATION

(AS 08.72.272)

If you have received A DEA registration, please provide the registration number and submit a copy with this application.

DEA Number:		Date Issued:		Expiration Date:	
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Part VIII: CHARACTER AND PROFESSIONAL REFERENCES

Indicate three references.

Name	Address	Contact Telephone #

Two reference letters (attached 08-4232a) must be completed by two persons who have knowledge of your character and professional abilities.

Part IX: PROFESSIONAL STATUS

List memberships in good standing of Optometric Societies.

Name	Location

Part X: SWORN STATEMENT

I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied to me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice as an optometrist in the State of Alaska.

I have carefully read all the instructions in the application including the instructions. YES

ATTACH RECENT PHOTOGRAPH
(Taken within the last six months)

No larger than 3 x 3

Signature of Applicant

SUBSCRIBED AND SWORN to before me this _____ day
of _____, 20_____.

Notary Public

My Commission Expires: _____

NOTICE: Portion of the Notary Seal must overlie the photograph



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 DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF EXAMINERS IN OPTOMETRY
 333 WILLOUGHBY AVENUE, 9TH FLOOR, JUNEAU, ALASKA 99801
 P.O. Box 110806, JUNEAU, ALASKA 99811-0806
Telephone: (907) 465-2695 **E-mail:** license@alaska.gov

AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____
(print full name)

residing at _____
(print full address)

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my employment, medical and dental records, educational records, and records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of the records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for licensure as an optometrist and expires one (1) year from the date of my signature below.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

SIGN HERE



 Signature of Applicant

 Date

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.



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Telephone: (907) 465-2695 **E-mail:** license@alaska.gov

REFERENCE

Applicant, have a reference fill out the form below and return to the Division. We cannot accept faxed version of this form.

I certify that I am acquainted with or have knowledge of _____
 Name of Applicant

from _____ to _____ . I recommend
 Month Day Year Month Day Year

the applicant as being professionally capable, reliable, and worthy of confidence, and I provide the following personal statement(s): _____

 Printed Name

 Signature

 Title

 Address

 Daytime Telephone

NOTARY SEAL

 E-mail Address

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of _____

this _____ day of _____, 20_____.

 Notary Public

My Commission Expires: _____



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this _____ day of _____, 20_____.

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VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO THE OPTOMETRY BOARD(S) IN ALL JURISDICTIONS WHERE YOU ARE OR HAVE BEEN LICENSED.

I am applying to the Alaska Board of Examiners in Optometry for a license to practice optometry. The board requires certification of the status of my license in each jurisdiction in which I hold or have held licenses.

 Last Name First Name Middle

 Mailing Address License Number

 City State ZIP Code E-mail Address

 Daytime Phone Number

I hereby request and authorize the State of _____ to provide any and all pertinent information requested in this form to the Alaska State Board of Examiners in Optometry to complete an application filed with that agency.

 Applicant Signature Date

TO STATE BOARD Please complete the bottom half of this form and mail it **directly** to the Alaska State Board of Examiners in Optometry at the mailing address listed above. We do not accept faxed copies of this form.

Licensing Jurisdiction _____

Name of Licensee _____

License #: _____ Original Issue Date: _____ Expiration Date: _____ Periods of Lapse: _____

Licensed By (reciprocity, examination, etc.) _____ If by examination, what examination did the licensee pass? _____

Is licensee authorized to prescribe all topical pharmaceutical agents for therapeutic purposes (TPA)?..... Yes No
 If not all topicals; list restrictions: _____

Is licensee authorized to prescribe all oral pharmaceutical agents for therapeutic purposes (TPA)? Yes No
 If not all orals; list restrictions: _____

Is licensee authorized to prescribe all glaucoma pharmaceutical agents for therapeutic purposes (TPA)?..... Yes No
 If not; list restrictions: _____

Is licensee authorized to perform injections with pharmaceutical agents for therapeutic purposes (TPA)?..... Yes No
 If not; list restrictions: _____

Has the license ever been revoked, suspended (voluntary or involuntary), placed on probation, or restricted in any way? Yes No
 If yes, please enclose an explanation or documentation.

Is the licensee the subject of a pending disciplinary proceeding? Yes No

Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action?..... Yes No
 If yes, please enclose an explanation or documentation.

Comments _____

Printed Name _____

Signature _____

Title _____

SEAL



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AFFIDAVIT OF CLINICAL OPTOMETRY EXPERIENCE

(If applying for licensure by credentials)

Dear _____:

I am applying for a license to practice **optometry** in the State of Alaska. I am required to provide verification of clinical practice. Please provide the information requested below to the State of Alaska at the address shown below. Thank you for your assistance.

Department of Commerce, Community, and Economic Development
 Division of Corporations, Business, and Professional Licensing
 State Board of Examiners in Optometry
 P.O. Box 110806
 Juneau, Alaska 99811-0806

Applicant Signature: _____

Applicant Printed Name: _____

Daytime Phone: _____

The information below must be completed and sent directly to the division by a licensed health care professional who is familiar with the applicant's practice; it **may not** be completed or returned by the applicant.

***AS 08.72.170 requires having been engaged in the active licensed clinical practice of optometry for at least 3120 hours within the 36 months immediately preceding the date the application is received by the department for licensure in Alaska.**

I, _____, was associated with _____
(Name of Applicant)

at _____
(Name of Institution/Professional Clinic, etc.)

from _____ to _____. I further attest that the above-named applicant was employed and provided optometric services for at least 3120 hours within the past 36 month period

from _____ to _____. (See above explanation for required time period of licensed clinical practice.)

