

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Department of Health

Health Regulation and Licensing Administration

Board of Optometry

**APPLICATION INSTRUCTIONS
FOR AN OPTOMETRY LICENSE
IN THE DISTRICT OF COLUMBIA**

Updated February 3, 2016

Thank you for your interest in becoming a licensed Optometrist in the District of Columbia. Here at the Health Regulation and Licensing Administration (HRLA), we look forward to providing you expedient and professional service. However, in order for us to help you, we need your application to be complete. Please read these instructions carefully to complete your application for licensure. Please note that all fees paid cannot be transferred or refunded except as specified in these instructions and the application.

THE APPLICATION PROCESS

Upon submission of a completed application and the required documents, the DC Board of Optometry (“the Board”) will review your application. Please note that the Board only meets quarterly (every 3 months) – January, April, July, and October. For exact dates of the Board’s meetings, please visit <http://doh.dc.gov/node/157652>.

When applying for licensure, please submit your application and fees before sending required documents (such as transcripts and license verifications from other jurisdictions). If you submit an application that is incomplete, a representative from HRLA’s Processing Center will notify you in writing. If the Board has questions or concerns regarding your application, you will be notified in writing.

WHERE TO FILE

All license application documents should be sent to the following address:

DC Board of Optometry

P.O. Box 37802

Washington, D.C. 20013

If you have any questions, please call HRLA’s toll-free Customer Service line at 1-877-672-2174 Monday through Friday between 8:30AM and 4:30PM EST. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information on application except signatures.

FILING DEADLINES AND EXAMINATIONS

All applicants must pass the national examination administered by the National Board of Examiners in Optometry (NBEO) prior to submitting an application for licensure. It is your responsibility to file correctly, completely, and on time with NBEO. It is also your responsibility to have your scores reported to the Board.

PENDING APPLICATIONS FOR LICENSURE

Pending applications for licensure will become invalid after 120 days if the application has not been completed due to failure to submit required materials by the applicant. Should the applicant wish to pursue licensure after this time, she/he must submit a new application and pay the required fees once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for an Optometry license (Diagnostic Pharmaceutical Agent - DPA and/or Therapeutic Pharmaceutical Agent - TPA) in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude, which, bears directly on the applicant’s fitness to be licensed.

All applicants must submit the following in order to be considered for licensure:

1. A complete and signed application, including required supporting documents.
2. Two recent and identical passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.
3. Submit one (1) clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity.
4. Sealed official transcripts showing the conferred/awarded date of your Optometry degree.
5. * If you are applying for licensure through Endorsement, you must provide official verification of licensure (active and inactive) for each jurisdiction.
6. Three (3) professional (non-family) character references must be submitted with the application.
7. Criminal Background Check (CBC): All EXAMINATION and ENDORSEMENT applicants are required to undergo a Criminal Background Check. To schedule an appointment, please call 1-877-783-4187 or visit www.identogo.com.

* NOTE: Verification of licensure is required, regardless of self-employment, from the state in which the license (active or inactive) was issued.

ADDITIONAL REQUIREMENTS FOR DPA or TPA AUTHORITIES

1. Has completed a course approved by the Board in general on ocular pharmacology that meets the requirements of section 207 of the Act, DC Code 2-2330.7.
2. Proof that the DPA – Diagnostic Pharmaceutical Agent applicant has passed the Treatment and Management of Ocular disease (TMOD) section of the examination administered by the National Board of Examiners in Optometry (NBEO) or other examination approved by the Board.
3. Proof that the TPA – Therapeutic Pharmaceutical Agent applicant has passed the Treatment and Management of Ocular Disease (TMOD) section of the examination administered by the National Board of Examiners in Optometry (NBEO) or other examination approved by the Board.

EDUCATIONAL REQUIREMENTS IN THE UNITED STATES

An applicant for a license to practice Optometry must have received a doctoral degree in Optometry from an institution accredited, at the time the degree was conferred, by the Council on Optometric Education of the American Optometric Association (ACOE).

Applicants must arrange for a certified transcript of their educational program to be sent directly from the educational institution to the Board for review.

EXAMINATION REQUIREMENTS

An applicant must receive a passing score on the examination administered by the National Board of Examiners in Optometry (NBEO) and must arrange for his/her examination results to be sent directly from the testing service to the Board. The passing score on the national exam is the passing score set by NBEO on each test that forms a part of the examination.

PRACTICE OF OPTOMETRY BY STUDENTS

1. Students must fulfill educational requirements.
2. Students can practice with the general supervision of only a licensed optometrist or ophthalmologist.
3. At least 10% of the supervised practice during any one-month must be under immediate supervision where the optometrist or ophthalmologist is physically with the student and either discussing or observing the student's practice.

COMPLETING THE LICENSE APPLICATION

Section 1. Requested License Type / Fees

There are two (2) methods for becoming licensed in the District of Columbia outlined below. Indicate the correct method of the "Requested License Type /Fees" of your application:

Examination – Successful completion of the NBEO Examination (3 Parts) and meet other requirements.

Endorsement – Hold a license in good standing in another state or territory of the United State with standards, which, are comparable to the District of Columbia's requirements and successful completion of the NBEO Examination (3 Parts) and meet other requirements.

Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age.

Section 3. Previous Names (If Applicable)

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, or court order.

Section 4A & 4B. Home Address & Business Address

Please provide the Board with your home/business address, home (mobile)/business number, fax number (if applicable) and most current email address. Each licensee, registrant, or person certified shall notify the Board in writing of any change of address or place of residence or business or employment within 30 days after the move.

Section 4C. Preferred Mailing Address

Please indicate clearly in the appropriate box your preferred mailing address. This will be the address to which all future licensing documents will be mailed. Each licensee, registrant, or person certified shall notify the Board in writing of any change of address or place of residence or business or employment within 30 days after the move.

Section 5. Professional/Trade Schools Attended

List all schools that you have attended (including professional and trade schools) in reverse chronological order, beginning with the most recent at the top.

Educational Requirements in Foreign Countries

1. The Board may grant a license to practice Optometry to an applicant who has completed an educational program in an educational institution not accredited by the Council on Optometric Education of the American Optometric Association in a foreign country if the applicant:
 - a. Has received a doctoral degree in Optometry.
 - b. Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of the Health Occupations Revision Act.
Requirements met by submitting with the application a certification from a private education

evaluation service approved by the Board that the applicant's foreign education is substantially equivalent to the education required by Chapter 64, Title 17, DCMR.

2. If any document is in a language other than English, the applicant must arrange for its translation into English by a translation service approved by the Board. The translator attesting to its accuracy must sign the translation.

Section 6. Postgraduate Experience

List all experience since graduation from college/university or trade school in reverse chronological order beginning with the most recent. Use the key provided to describe the "Type of Position."

Section 7. Professional Licenses in Other States / Jurisdictions

List all jurisdictions in which you have ever been licensed. If you are licensed in another jurisdiction, a verification of licensure form must be submitted directly to the DC Board of Optometry by all the applicable state boards.

Section 8. Screening Questions

If you answer "no" to question A or "yes" to questions B through I, please provide a typed, signed, and dated explanation on a separate sheet of paper. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 9. Licensee Application Attestation and Signature

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.