DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

BOARD OF OPTOMETRY
NEW LICENSE APPLICATION BY EXAMINATION AND ENDORSEMENT

To expedite the processing of your NEW LICENSE APPLICATION, follow the instructions carefully before submitting your ONLINE application on the portal. It is important to submit all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application and licensure fee of **$288** are required and submitted.	**ONLINE**	☐
2. Demographic Information		
The demographic information (**i.e., name, date of birth, address, etc.**) provided by the application is true and correct and matches what is contained in the electronic licensing system.	**ONLINE**	☐
3. Social Security Number		
If you **do not have** social security number then you must submit a **Sworn Affidavit**, under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	**ONLINE**	☐
4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
An original photo is required and cannot be a computer-generated copy.	**ONLINE**	☐
5. One (1) photocopy of a current government issued photo ID (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
A U.S. driver's license or U.S. passport is acceptable.	**ONLINE**	☐
6. Name Change Documents (if applicable)		
An applicant must provide a copy of a legal name change document for **EACH** time that it has changed. Acceptable documents are **Marriage Certificate**, **Divorce Decree** or **Court Order**.	**ONLINE**	☐
7. Supplemental Information Form		
An applicant must complete and submit a Supplemental Information Form	**ONLINE**	☐

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
8. Official School Transcript(s)		
Certified official transcript showing a Doctoral Degree in Optometry. The degree must be based upon completion of a program which was accredited at the time of degree conferred by the Council on Optometric Education of the American Optometric Association. ▪ **Send Via Official Email or Mail:** An official electronic transcript is acceptable from the issuing institution/agency if **directly sent from the school** to the Board (**dcboop@dc.gov**) via their secure electronic network or mail transcripts to the DC Board of Optometry, 2201 Shannon Place, SE, 1st Floor, Washington, DC 20020.	**E-MAIL or MAIL (Preferably via E-Mail and sent directly from the school/issuing institution)**	☐
9. Three (3) Professional Character References		
An applicant is required to submit three Professional Character References, **Optometry Character Reference Form.**	**ONLINE**	☐
10. Examination Scores		
National Board of Examiners in Optometry Exam (**NBEO**) Results (**Parts I, II, and III**) and **TMOD** (**For TPA authority). Applicants must receive a passing score for NBEO and TMOD.**	**E-MAIL (Forward to dcboop@dc.gov)**	☐
11. Criminal Background Check (CBC)		
CBC is completed at the time you submit your online application. A **$50** payment is required online with the application. Upon completion of the payment, the applicant will receive an email with a code to schedule a fingerprint appointment.	**ONLINE**	☐
12. Therapeutic Pharmaceutical Agent (TPA) Authority		
Select TPA as an authority as part of the optometry application. **TPA fee $145.**	**ONLINE**	☐
13. Screening Question Responses		
Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which **"YES**" was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the **"YES"** answer. In addition, submit all relevant documents related to the reason for the **"YES"** answer (e.g., **Court Records, Monitoring Agreements, Licensure Orders, Malpractice, etc**.)	**ONLINE**	☐
14. Verification(s) of Licensure (Endorsement Applicants Only)		
• Checklist items listed above **and** • Official Verifications are required from the issuing state(s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have **EVER** held a professional license, regardless of status, must be submitted. Website verifications may be acceptable if the website is considered "**primary source verified"** by the jurisdiction in question. **The verification(s) must be sent directly to the Board by email or**	**E-MAIL or MAIL (Preferably via E-Mail and sent directly from Licensing Boards)**	☐

mail by the issuing state or jurisdiction.		

Board Mailing Address:
Board of Optometry
2201 Shannon Place SE
First Floor
Washington, DC 20020
Revised 08/02/2024

Board Email Address: dcboop@dc.gov