



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

## VERIFICATION OF LICENSURE FORM

### INSTRUCTIONS TO APPLICANT:

Please fill out **only the top portion** of this form and send it to the state board(s) in which you are now licensed or have ever been licensed (Note: Fee may be applicable).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (print) \_\_\_\_\_ hereby authorize the

(State) \_\_\_\_\_ Board

to release information regarding my License No \_\_\_\_\_ as a (n) \_\_\_\_\_

FOR VERIFYING BOARD USE ONLY

## Verification of State Licensure

A. (State Board) \_\_\_\_\_

B. Licensee's Name as it appears on your records \_\_\_\_\_

C. License No and Initial Issue Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

D. License Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; If license has lapsed, Lapse Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E. **Licensure By** (Please check applicable item and supply information requested):

☐

NBEO Exam

Part I \_\_\_\_\_

Score \_\_\_\_\_

Part II \_\_\_\_\_

Score \_\_\_\_\_

Part III \_\_\_\_\_

Score \_\_\_\_\_

TMOD \_\_\_\_\_

Score \_\_\_\_\_

## Verification of State Licensure Con't

☐ State Exam. Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Describe: \_\_\_\_\_

☐ Reciprocity or ☐ Endorsement. From which State or Jurisdiction? \_\_\_\_\_

☐ Other. Please explain. \_\_\_\_\_

### F. Continuing Education

a. Is mandatory continuing education required for license renewal? ☐ YES ☐ NO

b. If yes, what is the number of hours required annually? \_\_\_\_\_

### G. Licensure Status

a. What type of optometry license does this optometrist hold in your state

☐ BASIC ☐ DIAGNOSTIC ☐ THERAPEUTIC

b. Is this license current and in good standings? ☐ YES ☐ NO Please explain \_\_\_\_\_

### H. Disciplinary Action

a. Has your state ever taken any disciplinary action against this licensee's license? ☐ YES ☐ NO

b. If yes, briefly explain the final action taken, the date executed, and **provide a copy** of the Settlement Agreement, Decision and Order, or Stipulation and Order in the matter.

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### I. List Attachments for Item H \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State Seal