

**Maryland State Board of Examiners Optometry
4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-4710**

**APPLICATION FOR RECOGNITION OF OUT-OF-STATE OPTOMETRY LICENSURE
PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (50 U.S.C.A. § 4025a)
CHECKLIST**

INCLUDED	REQUIRED DOCUMENTS
<input type="checkbox"/>	Completed Notarized Application (front and back)
<input type="checkbox"/>	Copy of military orders indicating military service in MD (or if application is for a spouse, provide the sponsor's military orders indicating the spouse's name, or in cases where military orders do not have the spouse's name listed, provide a copy of the marriage certificate with the military orders).
<input type="checkbox"/>	Certified Letter with the State Seal affixed from each state in which you hold an optometry license, verifying that the license is in good standing.
<input type="checkbox"/>	Passport size photograph with required notarized affidavit ***Please note guidelines include: 2x2 color photo with the head centered and sized between 1" and 1.4" taken in last 2 years, use a clear image of your face. Do not use filters commonly used on social media, have someone else take your photo. (No selfies) and use a plain white or off-white background. Unacceptable photos will be returned and may delay the issuance of your certificate.
<input type="checkbox"/>	A separate sheet of paper for Character and Fitness Questions that required a written explanation to questions answered "YES" (if applicable)
<input type="checkbox"/>	Documentation of legal name change (i.e., marriage certificate, divorce decree, legal name change).

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:
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PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (50 U.S.C.A. §
4025a)

COMPLETE THIS APPLICATION ONLY IF:

- (1) YOU ARE AN OPTOMETRIST WHO IS PRESENTLY A SERVICEMEMBER OR A OPTOMETRIST WHO HAS A SPOUSE WHO IS A SERVICEMEMBER;
- (2) YOU HAVE AN OPTOMETRY LICENSE IN A STATE OR STATES OTHER THAN MARYLAND THAT ARE IN GOOD STANDING AND THAT YOU HAVE ACTIVELY USED DURING THE 2 YEARS IMMEDIATELY PRECEDING YOUR MILITARY RELOCATION TO MARYLAND
- (3) EITHER YOU OR YOUR SPOUSE ARE UNDER ORDERS TO PROVIDE MILITARY SERVICE IN MARYLAND, AND
- (4) YOU OR YOUR SPOUSE SEEK RECOGNITION TO PRACTICE OPTOMETRY THAT IS EFFECTIVE ONLY DURING THE PENDENCY OF YOUR OR YOUR SPOUSE’S MILITARY SERVICE IN MARYLAND. THERE IS NO FEE ASSOCIATED WITH THIS APPLICATION.

IF YOU SEEK A MARYLAND OPTOMETRY LICENSE THAT DOES NOT EXPIRE WHEN YOUR OR YOUR SPOUSE’S MARYLAND MILITARY ORDERS EXPIRE, DO NOT COMPLETE THIS APPLICATION. INSTEAD, COMPLETE THE APPLICATION FOR LICENSURE BY EXAMINATION OR LICENSURE BY WAIVER, WHICHEVER IS APPROPRIATE. THERE IS A FEE ASSOCIATED WITH THOSE APPLICATIONS.

Please note the following:

"Servicemember" is defined as a member of the "uniformed services." "Uniformed services" means (a) the armed forces; (b) the commissioned corps of the National Oceanic and Atmospheric Administration; and (c) the commissioned corps of the Public Health Service. "Armed forces" is defined as "Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard."

"Spouse" is defined as "husband or wife, as the case may be."

"Reside in the State of Maryland" is defined as Maryland being the site of your or your spouse’s duty station. "

Are you a:

Servicemember: Yes No Spouse of a Servicemember: Yes No

SECTION I- INITIAL QUALIFICATIONS for SERVICEMEMBER (Servicemember spouses will answer in the next section)

You must meet the following initial qualifications to obtain a Servicemember Optometry Recognition. If you answer "No" to any of the questions in SECTION I – Initial Qualifications for SERVICEMEMBER you may not be considered for a Servicemember Optometry Recognition. Other requirements also apply.

Servicemembers only please answer the following questions.

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Are you presently a "servicemember" as defined on page 1? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you "reside" (as that word is defined on page 1) in Maryland as a result of military orders? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Are all optometry licenses that you presently hold in other states in "good standing"? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you actively used one or more optometry licenses during the two years immediately preceding your relocation to Maryland? |

SECTION III – GENERAL INFORMATION

NAME:

First	Middle Initial	Last
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HOME ADDRESS: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER:

HOME (____) _____ **BUSINESS** (____) _____ **CELL** (____) _____

PERSONAL EMAIL ADDRESS: _____

BUSINESS EMAIL ADDRESS: _____

SOCIAL SECURITY NO: _____ **BIRTHDATE:** _____

Gender Identification: _____ **Female** _____ **Male** _____ **Other** _____ **Prefer not to answer**

Race:
Are you of Hispanic or Latino Origin? _____ **Yes** _____ **No** _____ **Prefer not to answer**

(Please circle all applicable, for statistical purposes only)
1 – White 2 – Black or African American 3 – American Indian or Alaska Native 4 – Asian 5 – Native Hawaiian or other Pacific Islander 6 – Other _____

Licensure in other states:
List other states or jurisdictions in which you hold an optometry license. Include license number(s).

STATE	LICENSE NO.	EXPIRATION
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STATE	LICENSE NO.	EXPIRATION
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SECTION IV - CHARACTER AND FITNESS – TO BE ANSWERED BY SERVICEMEMBERS AND THEIR SPOUSES

If you answer "YES" to any question(s) in Section IV – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

- a)** Are you presently under a board order in any state, including Maryland? If so, you must enclose a certified legible copy of the entire Order with this application.
- b)** Are there any investigations or charges currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity?
- c)** Have you been arrested, pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?
- d)** Do you have criminal charges pending against you in any court of law, excluding minor traffic violations?
- e)** Do you have a physical condition that would impair your ability to practice optometry?
- f)** Do you have a mental health condition that would impair your ability to practice optometry?
- g)** Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice optometry?
- h)** Have you illegally used drugs?
- i)** Have you been named as a defendant in a filing or settlement of a malpractice action?
- j)** Has your employment been affected, or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

RELEASE AND CERTIFICATION:

Practice of optometry without a current recognition of out-of-state optometry licensure issued by the Maryland State Board of Examiners in Optometry is a violation of the Maryland Optometry Act.

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Examiners in Optometry (the Board) may request any information necessary to process my application for Recognition of Out-of-State Optometry Licensure Pursuant to the Veterans Auto and Education Improvement Act of 2022 (50 USC 4025a) from any person or agency, including but not limited to postgraduate program directors, individual optometrists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a optometrist in the State of Maryland, including the subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, § 4-315.

Notice for Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of Maryland, Health Occupations Article, Title 11. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Applicant Signature

Date

NOTARY SECTION

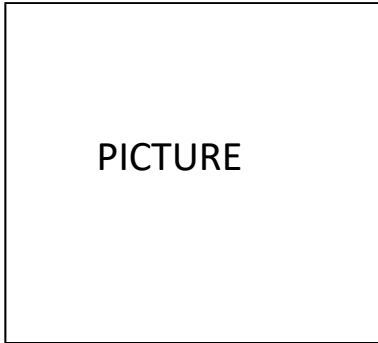
State of _____, County of _____, then personally appeared the above

named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

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*Please provide (1) 2x2 color photo with the head centered and sized between 1" and 1.4"

This is a true self photo taken in last 2 years to reflect my current appearance.

Print Name _____

Applicant Signature _____ Date _____

NOTARY SECTION

State of _____, County of _____, then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

Revised 3/30/2023