

Examination Date Requested: \_\_\_\_\_

**FEE REQUIRED!**

See Instructions

APPLICATION FOR EXAMINATION

**TEXAS OPTOMETRY BOARD**

*Please Download and Follow Application Instructions*

**PART I**

**Applicant:** \_\_\_\_\_

Social Security Number:

□ □ □ □ □ □ □ □ □ □

First Name

Middle

(Maiden)

Last Name

Present Address (Street, City, State, Zip Code)

**IMPORTANT: Notify Board of every future address change**

□ □ □ □ □ □ □ □ □ □

Home Phone

□ □ □ □ □ □ □ □ □ □

Business Phone

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Color of Hair: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Present Age: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_

Number: \_\_\_\_\_

Permanent Street Address (Where I May Always Be Reached)

Permanent City

State

Zip

Has your surname (last name) ever been changed?  Yes  No

If yes, date changed and original name:

\_\_\_\_\_  
(If your name has been changed by order of a court, attach a photocopy of the court order)

Name of Spouse: \_\_\_\_\_

Staple  
Photograph 1

Staple  
Photograph 2

sign back of  
photo

Father's Name

Mother's Name

Address

Address

**PART II**

Place of Birth: \_\_\_\_\_

□ □ □ □ □ □

Date of Birth

CITIZENSHIP: Are you a citizen of the United States:  Yes, by birth

Yes, by naturalization: Date: \_\_\_\_\_

No

**IMPORTANT:** You must submit supporting documents prior to receiving a license. See instructions

**Applicant:** \_\_\_\_\_

Social Security Number:

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First Name

Middle

(Maiden)

Last Name

**PART III**

1. Have you ever been refused an optometric examination in any jurisdiction?  Yes  No  
If yes, explain fully on an attached sheet of paper.
2. Have you failed an optometric examination in any jurisdiction?  Yes  No  
If yes, explain fully on an attached sheet of paper.
3. Have you ever been charged with or convicted of a felony or misdemeanor (see instructions)?  Yes  No  
If yes, explain fully on an attached sheet of paper.
4. Have you ever been charged with a violation, convicted of a violation, or been a party to a violation of an optometric law?  Yes  No  
If yes, explain fully on an attached sheet of paper.
5. Do you have a chemical dependency that will impair your ability to discharge your professional duties and responsibilities to your patients?  Yes  No  
If yes, explain fully on an attached sheet of paper.
6. Do you have any contagious or infectious disease, the transmission of which could affect the health or safety of your patients?  Yes  No  
If yes, explain fully on an attached sheet of paper.
7. Have you served in the United States Military?  Yes  No  
If yes and discharged, attach photocopy of Military Discharge.

**PART IV**

List *All* State Optometry Licenses Held (or formerly held) *attach additional sheet if necessary*

STATE	LICENSE NO.	DATE OF ISSUE	EXPIRATION DATE

**IMPORTANT:** a License Verification Form for each state of license must be received before a license is issued

**PART V**

**EDUCATION (list all)** *attach additional sheet if necessary*

Dates Attended	High School or GED	Location	Graduation or GED Date
Dates Attended	College	Location	Graduation Date
Dates Attended	Optometry School	Location	Graduation Date

(see instructions)

**IMPORTANT:** official transcripts of each college & optometry school must be received before a license is issued

<b>Applicant:</b> _____	Social Security Number:	<input style="width: 20px; height: 20px;" type="text"/>	
First Name	Middle	(Maiden)	Last Name

**PART VI**  
 Read instructions carefully. Four affidavit forms are provided, but only **two** affidavits are required. Identify the affidavits completed by writing in the number of affidavits provided: \_\_\_ Affidavits of Licensed Optometrists, **or** \_\_\_ Affidavits of Persons Knowing Applicant at Least Five Years

**AFFIDAVIT of LICENSED OPTOMETRIST 1**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared a licensed optometrist named:

\_\_\_\_\_, who, being first duly sworn by me, upon oath says:

"I am personally acquainted with the applicant named \_\_\_\_\_ and have thoroughly investigated said applicant, and to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any Court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen, recommending the applicant as entirely worthy of professional recognition."

"I am licensed to practice Optometry in the state of \_\_\_\_\_, License No. \_\_\_\_\_."

"My office address is: \_\_\_\_\_ .

I agree to furnish additional information on applicant, if requested by the Board."

\_\_\_\_\_  
Signature of Affiant Optometrist

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal or stamp)

\_\_\_\_\_  
Notary Public  
Commission Expires \_\_\_\_\_

**AFFIDAVIT of LICENSED OPTOMETRIST 2**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared a licensed optometrist named:

\_\_\_\_\_, who, being first duly sworn by me, upon oath says:

"I am personally acquainted with the applicant named \_\_\_\_\_ and have thoroughly investigated said applicant, and to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any Court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen, recommending the applicant as entirely worthy of professional recognition."

"I am licensed to practice Optometry in the state of \_\_\_\_\_, License No. \_\_\_\_\_."

"My office address is: \_\_\_\_\_ .

I agree to furnish additional information on applicant, if requested by the Board."

\_\_\_\_\_  
Signature of Affiant Optometrist

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal or stamp)

\_\_\_\_\_  
Notary Public  
Commission Expires \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Social Security Number:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

First Name

Middle

(Maiden)

Last Name

**PART VI (continued)**

**AFFIDAVIT of PERSON KNOWING APPLICANT at LEAST FIVE YEARS -- 1**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared a person (knowing applicant at least five years) named: \_\_\_\_\_, who, being first duly sworn by me, upon oath says:

"I have been personally acquainted with applicant named \_\_\_\_\_ for \_\_\_\_\_ years, and to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any Court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen, recommending the applicant as entirely worthy of professional recognition."

"My mailing address is: \_\_\_\_\_."  
I agree to furnish additional information on applicant, if requested by the Board."

\_\_\_\_\_  
Signature of Affiant (Person Knowing Applicant at Least Five Years)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal or stamp)

\_\_\_\_\_  
Notary Public  
Commission Expires \_\_\_\_\_

**AFFIDAVIT of PERSON KNOWING APPLICANT at LEAST FIVE YEARS -- 2**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared a person (knowing applicant at least five years) named: \_\_\_\_\_, who, being first duly sworn by me, upon oath says:

"I have been personally acquainted with applicant named \_\_\_\_\_ for \_\_\_\_\_ years, and to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any Court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen, recommending the applicant as entirely worthy of professional recognition."

"My mailing address is: \_\_\_\_\_."  
I agree to furnish additional information on applicant, if requested by the Board."

\_\_\_\_\_  
Signature of Affiant (Person Knowing Applicant at Least Five Years)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal or stamp)

\_\_\_\_\_  
Notary Public  
Commission Expires \_\_\_\_\_

**Applicant:**

Social Security Number:

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First Name

Middle

(Maiden)

Last Name

**PART VII**

I, the applicant:

- give my permission for the Texas Optometry Board to secure additional information concerning me or any of the statements in this application form any person or any source the Board may desire;
- agree to submit to questioning by the Board or any members thereof, and to substantiate my statements if desired by the Board;
- agree to be examined by the Texas Optometry Board at the date and locations designated by the Board; and
- have read the laws of Texas pertaining to optometry, and I intend to practice in keeping with the spirit and the letter of these laws and all laws enacted in the future, and I will comply with all valid rules and regulations made by the Board.

I, the applicant, state:

"that all facts, statements and answers contained in this application are true and correct;"

"I am not omitting any information which might be of value to this Board in determining my qualifications, whether it is called for or not; and"

"I agree that any falsification, omission or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Texas Optometry Board, and such falsification, omission, or withholding shall serve as sufficient grounds for the revocation, cancellation or suspension of my Texas Optometry License if it is not discovered until after issuance."

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared the above named applicant who being by me duly sworn upon oath says:

"All the facts, statements and answers contained in this application and all the facts, statements and answers made by me and contained the attached documents are true and correct."

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed to before me, by the said applicant, \_\_\_\_\_,

this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

(seal or stamp)

Commission Expires \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Social Security Number:

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First Name

Middle

(Maiden)

Last Name

### **PART VIII**

#### **To be completed by applicant:**

1. I am a graduate of an optometry school approved by the Board:  Yes  No

If no, answer question two. If yes, you must:

- attach a final official transcript to the application; **or**
- submit the completed Certification by School, below, and make sure the Board receives a final official transcript prior to the deadline for submitting this application

2. I am in my last semester of my fourth year in an optometry school approved by the Board.  Yes  No

If yes, you must submit the completed Certification by School, below. If no, you are not eligible to take the examination.

#### **To be completed by school:**

#### **CERTIFICATION BY SCHOOL**

I, \_\_\_\_\_, Dean of \_\_\_\_\_, have  
(school)

identified by name and social security number provided on the top of this page the applicant for examination before the Texas Optometry Board, and I certify such applicant to the Texas Optometry Board as a (check one):

- graduate of this school, and that the degree of \_\_\_\_\_ was awarded on \_\_\_\_\_, or  
 student enrolled in good standing in this school, who is in the last semester of their final year before graduation.

Witness my hand as Dean of the above school, college or university, and the seal of such school.

(Seal of School or College  
Conferring Optometric Degree  
or enrolling applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean

The Texas Optometry Board recognizes its responsibilities according to the Americans with Disabilities Act (ADA). If reasonable accommodations are required, contact the Executive Director, Texas Optometry Board, 333 Guadalupe Street, Suite 2-420, Austin, Texas 78701, (512) 305-8500.

**Please download and follow application instructions: [www.tob.state.tx.us](http://www.tob.state.tx.us)**

#### **NOTICE REGARDING INFORMATION ON THIS FORM**

State law provides that with few exceptions, you are entitled, on request, to be informed about the information that the Optometry Board collects on this form. You may make a written Public Information request under Sections 552.021 and 552.023 of the Government Code, to receive and review the information collected on this form (a charge for this information may apply). You are entitled under Section 559.004 of the Government Code to make a written request to have the Board correct information that is incorrect.

**SOCIAL SECURITY NUMBERS:** State and federal laws require all licensees to furnish their social security number.

Section 231.302 of the Texas Family Code requires applicants and licensees to provide their social security numbers. The social security number will be used for identification within the Texas Optometry Board, and will be provided as required by the Family Code to the Texas Attorney General to assist in the administration of laws relating to child support enforcement. Identification by the Attorney General as being in arrears on court ordered child support obligations may result in revocation of the license to practice optometry in Texas. The social security number will also be released to the National Optometric Databank and to federal disciplinary databanks.