



TEXAS OPTOMETRY LICENSE PACKET

This application packet must be completed for an initial Texas license. Failure to submit the appropriate documentation will delay licensure. Application instructions are available on the Board's website. For more information related to the licensing process, contact licensinginfo@tob.texas.gov or info@tob.texas.gov.

The following materials and/or documentation are also required for issuance of a license:

- Completed application and required fees
- Official undergraduate transcripts
- Official optometry school transcript showing the awarding of the O.D. degree
- Official/certified birth certificate
- Successful completion of the NBEO Part I, II, III and TMOD
- Successful completion of the Texas Jurisprudence Examination
- Criminal history check (fingerprints)
- License verifications (if applicable)
- National Practitioner Data Bank self-query
- Additional explanatory documents as required



2x2 Passport Photo
Required
(Attach here).

TEXAS OPTOMETRY LICENSE APPLICATION

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. Select the application type and submit the appropriate fees. Make your check or money order payable to TOB and mail to 1801 N. Congress Avenue, Suite 9.300, Austin, Texas 78701.

Please select one. Fees are required and non-refundable pursuant to Board Rule 273.4.

- Licensure By Examination (*all new applicants*) \$150.00.
- Licensure Without Examination (*pursuant to Section 351.2595 of Optometry Act*) \$305.00
- Limited License for Clinical Faculty (*pursuant to Section 351.260*) \$50.00
- Military License* (*select one-no initial fee*):
___ Active ___ Veteran ___ Active Duty Spouse ___ Military Spouse ___ Military Limited Volunteer
(Copies of military papers, military ID card, or proof of Honorable or General Discharge required)*

PART I. Applicant Information.

All information in this section is required. If there is no information for a particular part, please indicate same. The Business Address will be made available to the public once licensed. The social security number of an applicant for a license, certificate, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Social Security Number: _____ Date of Birth: _____

Legal Last Name: _____ Legal First Name: _____ Middle: _____

Maiden Name(if applicable): _____

Current Address (address, city, state): _____

Mailing Address: (address, city, state): _____

Business Address (address, city, state): _____

Home Phone Number: _____ Work Phone Number: _____

Personal Email: _____ Business Email: _____

PART II. Citizenship.

All information in this section is required. If you are not a U.S. citizen, other additional documentation may be required for a Texas optometry license.

Place of Birth: _____

Are you a citizen of the United States?: _____ (An official/certified birth certificate is required. Note, this document will not be returned.)

PART III. Background Questions.

All information in this section is required. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate document. The document should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information will delay the processing of your application.

1. Have you ever had any application for any optometry or other professional license, registration, certification, or permit refused or denied by any licensing authority or government agency?
 - YES
 - NO
2. Have you failed an optometric examination in any jurisdiction?
 - YES
 - NO
3. Have you ever had a professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?
 - YES
 - NO
4. Have you ever been the subject of disciplinary action by any licensing authority or government agency with regard to any professional license, registration, certification, or permit? If you answer "Yes", you must attach documentation of disciplinary action not previously reported to TOB.
 - YES
 - NO
5. For any criminal offense, including those pending appeal, have you ever:
 - A. been convicted of a misdemeanor (other than minor traffic violations)?
 - B. been convicted of a felony?
 - C. pled nolo contendere, no contest, or guilty?
 - D. received deferred adjudication?
 - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - F. been sentenced to serve jail or prison time? Court-ordered confinement?
 - G. been granted pre-trial diversion?
 - H. been arrested or have any pending criminal charges?
 - I. been cited or charged with any violation of the law?
 - J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?

If YES, provide an explanation and attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation.

 - YES
 - NO
6. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?
 - YES
 - NO

7. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?
 - YES
 - NO
8. Have you ever been diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice optometry in a competent, ethical, and professional manner?
 - YES
 - NO
9. Do you have any contagious or infectious disease, the transmission of which could affect the health or safety of your patients?
 - YES
 - NO
10. Have you ever had any of your military clinical privileges suspended or revoked at any time? (Military only.)
 - YES
 - NO

PART IV. Other Jurisdictions.

An official license verification is required from each jurisdiction.

Jurisdiction	Type of License	License Number	Issued Date	Expiration Date.

PART V. Education & National Examination Information.

Please list all undergraduate and graduate information. Note, official transcripts are required for each institution listed.

Educational Institution	Dates Attended	Location	Graduation Date

National Board of Examiners of Optometry (NBEO) Information

Answer information based on the status of your examinations at application.*

NBEO Part I Completion Date: _____ Number of times you took Part I: _____

NBEO Part II Completion Date: _____ Number of times you took Part II: _____

NBEO Part III Completion Date: _____ Number of times you took Part III: _____

Have you failed any NBEO/TMOD exam more than three times?:

- YES, which part(s)? _____
- NO

PART VI. Attestation. (Check *all* of the boxes and sign.)

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 from 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;
- understand practicing optometry in Texas is a privilege and that the Texas Optometry Board may suspend, revoke, place on probation, limit or place other conditions on my license if there are violations of the Texas Optometry Act or Board Rules; 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.

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of licensure requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas Optometry Board and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for licensure. Additionally, I attest that I will not practice as an optometrist in the State of Texas until I have been issued a Texas license.

Applicant's Signature

Date of Signature

PART VII. Certification of School.

I, applicant, hereby acknowledge that I am not a graduate of an optometry school but I am currently in good standing in my optometry program and in my final semester. I understand that I need to submit the TOB approved **Optometry School Certification** form as part of the application process and a final transcript will be required. I understand that Part VII must be met since I have never held an optometry license. Failure to submit this form or a final transcript will delay licensure.

Applicant's Signature

Date of Signature



OPTOMETRY SCHOOL CERTIFICATION

This document is only required for applicants initiating an application during the final semester of school. This document must be completed and submitted directly from the educational institution. Applicants will not be approved to take the Jurisprudence Exam until this document is received. All applicants are required to submit a final optometry transcript in addition to this document. Institutions may submit this document to licensinginfo@tob.texas.gov or via mail.

I, _____, Dean of _____, certify that the following applicant to the Texas Optometry Board is a student enrolled in good standing in this school, who is in the final semester before graduation:

Name of Applicant: _____

Social Security No.: _____

Date of Birth: _____

As Dean of the above school, college or university, I hereby attest the information provided is true and accurate.

Dean Signature

Date Signed

(School Seal Required)