



TEXAS OPTOMETRY BOARD

1801 CONGRESS AVENUE, SUITE 9.300, AUSTIN, TEXAS 78701

Recognition of Out-of-State License Application

This form must be completed by a military service member/military spouse seeking to have an out-of-state license recognized in Texas in lieu of applying for a Texas license. Please complete the form below.

Applicant Information		
Name (First, Middle, Last)		Maiden Name
Street Address		City, State, Zip Code
Email Address		Phone Number
Social Security Number		Date of Birth (mm/dd/yyyy)
Relevant Degree Held	Date Awarded	University/Institution

PROOF OF MILITARY STATUS
<p>For active military service members, please attach:</p> <p><input type="checkbox"/> Permanent Change of Station (PCS) orders showing relocation to Texas</p> <p>For spouses of active military service members, please attach:</p> <p><input type="checkbox"/> Permanent Change of Station (PCS) orders showing relocation to Texas</p> <p><input type="checkbox"/> Copy of marriage license with active duty service member</p>

Out of State Licensure				
List each jurisdiction where you currently hold or have ever held a license, permit, certification, or registration to practice optometry. Jurisdiction means any state, U.S. territory, or foreign country. Attach an additional sheet if necessary.				
Licensure Jurisdiction	License Type	License #	Original Issue Date	Expiration Date
Has any of your license(s) to practice ever been restricted or disciplined in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and attach any relevant documentation.				
Do you have any pending complaints or are you currently under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and attach any relevant documentation.				
Please submit the following: <input type="checkbox"/> Official licensure verification from other jurisdiction(s) – (showing any disciplinary history if applicable)				

NOTARIZED AFFIDAVIT

I certify that:

- I am the person described and identified in the application
- I understand the scope of practice in Texas and will not perform outside that scope
- I am in good standing in each state in which I hold or have held a license and will immediately notify the TOB of any disciplinary action related to my out-of-state license
- I understand that I am subject to TOB's authority over the standards of practice for my occupation and will comply with all applicable laws and rules related to the practice of optometry in Texas
- I understand I will not be issued a Texas license and the Texas Optometry Board will not provide license verifications on my behalf
- All statements in the application are true, correct, and complete

Name

Date

State of Texas

County of _____

Before me, a notary public, on this day personally appeared

known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

Notary Public's Signature