TEXAS OPTOMETRY BOARD

1801 Congress Ave #9.300
Austin Texas 78701-1319

FULLY COMPLETE, SIGN AND RETURN THIS FORM WITH YOUR REMITTANCE
Please do not send cash

RENEWAL PERIOD
2027 - 2028

Your license expires on **JANUARY 1**. Practicing optometry without an annual renewal certificate shall have the same force and effect and be subject to all penalties of practicing optometry without a license.

ACTIVE LICENSE (except Optometric Glaucoma Specialist)	**Optometric Glaucoma Specialist License Active License**	INACTIVE FEES (all license types) (must complete Section II on reverse side)
$432.72 DUE BY 12/31/26	$452.00 DUE BY 12/31/26	$432.72 DUE BY 12/31/26
$643.08 IF PAID AFTER 12/31/26	$672.00 IF PAID AFTER 12/31/26	$643.08 IF PAID AFTER 12/31/26
$853.44 IF PAID AFTER 03/31/27	$892.00 IF PAID AFTER 03/31/27	$853.44 IF PAID AFTER 03/31/27

LICENSE NUMBER & FULL NAME	MAILING ADDRESS
PRIMARY OFFICE ADDRESS	HOME ADDRESS Email address:

DID YOU PRACTICE IN TEXAS DURING 2025-2026?_____Yes _____No

If yes, list addresses of all offices in which you have ownership/practiced on Page 2

OTHER STATES LICENSED

I PRACTICE UNDER
- o OWN NAME
- o TRADE NAME
- o PROFESSIONAL CORPORATION
- o PROFESSIONAL ASSOCIATION

PRACTICE NAME: _____

OFFICE PHONE: _____

TYPE OF PRACTICE
- o INDIVIDUAL
- o PARTNERSHIP
- o EMPLOYEE OF INDIVIDUAL /PARTNERSHIP
- o EMPLOYEE OF PROFESSIONAL CORP

If employee, furnish name of employer/owner:

_____

__Yes___No	I dispense spectacles within my optometric practice
__Yes___No	I dispense contacts within my optometric practice
__Yes___No	I own a dispensary within my optometric office
__Yes___No	I own a separate dispensary which is next/adjacent to my office
__Yes___No	My optometric practice is located next door to an optical dispensary Name of dispensary/owner: _____
__Yes___No	I lease space for my practice next door to an optical dispensary
—Yes__No _N/A	My practice is totally separate from the dispensary next door
__Yes___No	I own offices at more than 3 locations

I PRACTICE
- o FULL-TIME
- o PART-TIME
- o NOT AT ALL

IF NOT FULL-TIME, INDICATE REASON
- o RETIRED
- o TEACHING
- o MILITARY
- o OTHER

SINCE YOUR LAST LICENSE RENEWAL, HAVE YOU BEEN ARRESTED, INDICTED, CHARGED, CONVICTED OF A CRIME OR PLEAD NOLO CONTENDERE TO ANY CRIME?
_____ Yes _____No

Will you be providing direct patient care in Texas in 2027-2028?_____Yes_____No
If yes, did you take a one-hour human trafficking awareness course approved by the Texas HHSC in the last two years?_____Yes_____No
Will you prescribe/administer opioids in Schedules III, IV or V in 2027/2028?
____Yes_____No
If yes, are you registered with the Prescription Monitoring Program?_____Yes ____No
Did you take a CPR course in the last two years?_____Yes_____No

TOTAL CONTINUING EDUCATION HOURS TAKEN: _____

I AM EXEMPT FROM CONTINUING EDUCATION:_____Yes_____No

If renewing as active, sign below:

With my signature below, I certify that I have complied with the applicable continuing education requirements to renew my license, that the information on this renewal form is true and correct to the best of my knowledge and belief.

_____ _____
DATE SIGNATURE

You must sign the back of this form if you are exempt from CE Requirements

List Addresses of all Offices in which you have Ownership Interest and/or Practiced

Exemptions from Continuing Education (CE) Requirements

The Texas Optometry Act requires 32 hours of continuing education for license renewal. If you are claiming an exemption from the requirements, you must complete one of the sections below and sign:

☐ Inactive License

With my signature below, I certify that I am renewing as "inactive" and I will not practice in Texas, that I am therefore exempt from CE requirements. I hereby affirm that I will not practice in Texas until such time as I notify the Board Office, pay the required fee, and furnish documentation of required continuing education.

I further certify that the information submitted on this renewal form is true and correct to the best of my knowledge and belief.

_____ _____

DATE SIGNATURE

☐ Active License with CE Exemption

With my signature below, I certify that I am renewing as "active" and I am exempt from CE requirements for the reason I have checked below (you must check one):

____ Served in regular armed forces of U.S. during part of the 12 months immediately preceding annual renewal
____ Received an exemption from the Board this year regarding a serious or disabling illness or physical disability
____ Full-time federal service
____ First licensed in 2025 – only submitting 16 hours

I further certify that the information submitted on this renewal form is true and correct to the best of my knowledge and belief.

_____ _____

DATE SIGNATURE

DEFINITION OF CRIMINAL CONVICTION - "Convicted of a crime" is defined as a felony or misdemeanor criminal conviction, including a deferred adjudication or court ordered community or mandatory supervision, with or without an adjudication of guilt; or a revocation of parole, probation or court ordered supervision. A licensee is not required to report a Class C Misdemeanor traffic violation.