Optometrist Checklist

- ☐ Application & Fee
- ☐ Photo
- ☐ Transcript
- ☐ National Boards
- ☐ Other State License Verification
- ☐ SSN Verification

*****FOR OFFICE USE ONLY*****

Receipt #

ID #

Issue Date

License #

License Number: _____

Name: _____

Rhode Island
Board of Examiners in Optometry

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and License Application for:

Optometrist

☐ **Endorsement** ☐ **Examination**

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-1272**

Revised 02/18/2011 jcp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Page

Application Process Overview..... 3
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Application Materials:

Application..... 5-8
Application Checklist..... 9
Reciprocity Release Form..... 10
RI Uniformed Controlled Substances Registration (CSR).....11
Mandatory Addendum to License Application - SSN Verification..... 12

Licensure Requirements

By Examination

- License Fee of **($70.00** (**$140.00 with CSR**) (Check or Money Order ONLY - Payable to RI General Treasurer).
- Recent passport type photograph.
- Official transcript sent directly from the accredited college of Optometry.
- Results of the written National Board exam sent directly from the National Board
- Satisfactorily passed the International Association of Boards of Optometry Examination in "*The Treatment and Management of Ocular Disease*" as approved by the director. (This eliminates prior to commencing clinical therapeutic training.)

By Endorsement

- License Fee of **$70.00** (**$140.00** with CSR) (Check or Money Order ONLY - Payable to RI General Treasurer).
- In addition to requirements listed above, verification of other state(s) of Licensure (See Release form on page10).

NOTE: ***All applicants for prescriptive privileges who wish to prescribe controlled substances must complete the enclosed Rhode Island Uniform Controlled Substances Act Registration (CSR) (page 11). A Federal DEA registration number will not be issued without proof the practitioner has a Rhode Island issued CSR.*** *The fee for a CSR is an additional $70.00, if submitted at the same time as this application,* ***and will be issued with the Optometry license. The CSR license will be renewable every year with your optometry license. The CSR can only be issued to a Rhode Island office address.***

Rules and Regulations

The rules and regulations governing the Practice of Optometry can be obtained at the following web site:

http://sos.ri.gov/rules/ **(Keyword - Optometry)**

Rhode Island General Laws pertaining to the Practice of Optometry can be obtained at the following web site:

http://www.rilin.state.ri.us/Statutes/TITLE5/5-35.1/INDEX.HTM

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Board of Examiners in Optometry (Board). All licensure applicants must complete and submit a Board application.

Application Process

You must submit your application and supporting credentials directly to the Board. The Board will use this information to assess your qualifications for licensure. Please allow a minimum of 4 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

Only applications which are complete, with all supporting credentials, will be forwarded to the Board for review and issuance of a license. Licenses will be issued within 7-10 working days following the Board meeting and are mailed to the address furnished in your application. You are responsible for notifying the Board office, in writing, if your address changes in the interim.The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site (approximately ten (10) days after Board Meeting):

http://www.health.ri.gov/hsr/professions/license.php

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the Board application. Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

General Instructions

1. Make a copy of the application and forms before you begin, in case you make a mistake.

2. Type your information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.

3. Provide a response to each section or question; otherwise, mark “N/A” for Not Applicable.

4. We suggest that you make a copy of your completed application before submitting it to the Board.

5. **It is your responsibility to check on the status of your application. We advise that you visit our website at** **https://healthri.mylicense.com/Verification/**, enter just your last name. “Pending” means we have received your application and we are processing it, “Active” means you are licensed. Please print this and reference it as Verification of License.

Completing your Board Application

1. Complete the Board Application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages MUST clearly indicate the section for which such information is being reported.

2. Make a check or money order (in U.S. Funds only) for the application fee of **$70.00** (**$140.00 with CSR**), payable to "Rhode Island General Treasurer" and staple it to the upper left-hand corner of the first (Top) page of the application. The application fees are **NON-REFUNDABLE**.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 9). Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

Rhode Island Department of Health
Board of Examiners in Optometry, Room 104
3 Capitol Hill
Providence, RI 02908-5097

In addition to the materials you mail to the Board, you must also mail information to other sources for verification. Follow these additional steps as described below:

In addition to the materials you mail to the Board, you must also mail information to other sources for verification.Follow these additional steps as described below:

1. Obtain licensure verification from all states where you hold, or have ever held, a license to practice optometry.To obtain this verification, you must mail the Reciprocity Release Form (page 10) to each licensing authorityin which you are/were licensed. If you are licensed in Canada, send a copy to each province in which youare/were licensed. Type your information or print in blue or black ball-point pen. Board staff will not makeassumptions about illegible information.

2. Be certain to sign and complete the identifying information on each form. **The Board must receive theverification(s) directly from the licensing authority.** Make copies of the form as needed.

State of Rhode Island
Board of Examiners in Optometry

Application for License to Practice Optometry

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

3. Gender

☐ Male ☐ Female

4. Date and Place of Birth

Month Day Year 19

City and State; **OR** Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Primary Business Address

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

☐ Please use my **Home Address** as my preferred mailing address

☐ Please use my **Business Address** as my preferred mailing address

8. Practice Information

A. Specify where in this State you intend to practice, and list type of practice.

Location #1

City

Location #2

City

Location #3

City

9. Practice History

Please provide your practice history for the last five (5) years.

Month	Year		Month	Year	Name and Location of Facility: NOTE: You may continue information on a separate sheet of paper.
		—			
		—			
		—			
		—			
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		—			

10. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (University, College, etc.)

Name of School

Date Graduated Month Year

Is school accredited by the Council on Optometric Education (ACOE)? ☐ Yes ☐ No

Degree Conferred

11. Other State Licensure

List all states or countries in which you are now, or ever have been licensed to practice optometry, or any other profession.

State/Country:			State/Country:		
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive

DOCUMENTATION: You must send a Reciprocity Release Form to each entity. *(See page 11)*

12. Board Discipline

List any disciplinary actions by licensing boards in other states. Please describe any prior or pending Board action or investigation. Please attach any relevant supplemental materials. If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.

☐ Check here if not applicable.

Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct):	Month	Year	Type of Discipline:

Please describe any prior or pending Board action or investigation. Please attach any relevant supplemental materials.

13. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending; including use of illicit substances or operating a motor vehicle while intoxicated. (Please include any offenses which have been expunged from your record)? ☐ Yes ☐ No

Abbreviation of State and Conviction[1] (e.g. CA - Illegal Possession of a Controlled Substance):	Month	Year

[1]For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

14. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Examiners in Dentistry any information which is material to my application for licensure.

I have read carefully both the statute and associated Regulations for the licensure of optometrists in Rhode Island. Further, I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I knowingly furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice optometry in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Optometry of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of

_____, 20_____, by _____,

who is personally known to me or has produced _____

as documentation and did / did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

Notary Seal

15. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure you have satisfied all components of the application process. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Board Application."
- ☐ I have carefully read the Rules and Regulations and RI General Laws
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-8).
- ☐ I have completed Section 14, "**Affidavit of Applicant**" and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 15, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have a **check or money order** made payable (in U.S. funds only) to the "**Rhode Island General Treasurer**" in the amount of **$90.00 or ($160.00 with CSR)** and attached it to the upper left-hand corner of the first (cover/top) page of the application.
- ☐ I have arranged my Board Application materials in following order:

  1. Fee (attached as instructed)
  2. Board Application (cover/top page, and pages 5-8)
  3. RI Uniform Controlled Substances Registration (CSR) (page 12, If Applicable)
  4. Supporting documentation as required. [Note: Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
  5. Completed "Mandatory Addendum to License Application" - Verification of Social Security Number form (p. 11)

- ☐ I have mailed the above application materials directly to the Licensing Office, Department of Health.

- ☐ I have requested the following credentials be submitted directly to the BOARD:

  1. Official Optometry School Transcript
  2. Official copy of National Board Scores

Endorsement Candidates

- ☐ I have completed and mailed the following forms as instructed:

  1. Reciprocity Release Form(s) (Licensure Verification) (page 10)

Substitute forms are not acceptable. This form may be duplicated as needed.

Rhode Island Board of Examiners in Optometry

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

RECIPROCITY RELEASE FORM

I am applying for a license to practice optometry in the State of Rhode Island. The Rhode Island Board of Examiners in Optometry requires that the following form be completed by the jurisdiction in which I am now or was previously licensed. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners in Optometry at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

THIS SECTION TO BE COMPLETED BY THE OPTOMETRY BOARD

Basis for issuing License:

☐ ACOE National Board

If a combination of exams were taken, please list the specific combination:

License Status: ☐ Active ☐ Inactive ☐ Lapsed	**Original Date Issued:**	**Expiration Date:**

Questions:

1. Has this optometrist ever been investigated by your Board? ☐ Yes ☐ No
2. Has this optometrist incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Are you aware of any information about this optometrist submitted to the National Practitioner Data Bank, or any other information that may discredit this person? ☐ Yes ☐ No
5. Using the space provided below, please indicate the practice level of this license and the scope of practice of this license in your state.

If you answer "Yes" to questions 1-4, please provide a written explanation and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature

Date

Type or Print Name

Title

Full Name and of Licensing Board including State

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Rhode Island Department of Health

3 Capitol Hill, Providence RI, 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.

☐ I am currently pursuing administrative review of taxes owed to the state.

☐ I am in federal bankruptcy. (Case #_____)

☐ I am in state receivership. (Case #_____)

☐ I have been discharged from bankruptcy. (Case #_____)

Type of Professional License for which you are applying.

Full Name (Please Print or Type)

Social Security Number

Signature

Phone Number (including area code if not 401)

Date

This form must be completed, signed and attached to your license application for processing.

Substitute forms are not acceptable - This form may be duplicated as needed.

Rhode Island Board of Examiners in Optometry

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Rhode Island Uniform Controlled Substances Act Registration (CSR)

I am applying for a Rhode Island Uniformed Controlled Substances Act Registration (CSR). **I understand that there is an additional $70.00 fee for this Registration Application (NON-REFUNDABLE) and that the check or money order must be made out to the RI General Treasurer.**

Print/Type Full Name

Business Name

Current RI ODTA/ODTG LicenseNo.

Signature

Business Address

Business Telephone

Date

Business Fax

Complete this application for registration to prescribe controlled substances in the State of Rhode Island

A CSR is not required if there will be no controlled substances prescriptions prescribed in this state.

The CSR is renewed at the same time as the professional license is renewed.

NOTE:
Read Important Information on the bottom of this application.

The Rhode Island Uniform Controlled Substances Act can be accessed at the following web Site:
www.rilin.state.ri.us/Statutes/Title21/21-28/index.htm

Drug Schedule - According to Chaper 5-35 of the Rhode Island General Laws, Only drugs from Schedule III, IV, and V are allowed to be prescribed using this license.

A Copy of the DEA Registration must be provided to the Optometry Board within 60 Days of its issuance by the DEA. The DEA Registration must be issued to your Rhode Island Practice Address in order for it to be valid. If you are relocating from another state, you need to apply for a DEA Registration that is specific to Rhode Island. See The bottom of this form for information on how to contact DEA.*

All Applicants MUST answer the following:

A. Has the applicant been convicted of, or entered a plea of nolo contendere to a violation of any state or federal law relating to manufacturing, distributing, possessing, prescribing, administering or dispensing of drugs presently defined as controlled substances under Chapter 21-28, General Laws of Rhode Island? ☐ Yes ☐ No

B. Has the registration application or registration of the applicant, corporation, firm, partner, or officer of the applicant been surrendered, revoked, suspended or denied under any law of the United States or of any state relating to drugs presently defined as controlled substances under Chapter 21-28 of the General Laws of Rhode Island, or is such action pending? ☐ Yes ☐ No

If you answered "Yes" to question "A" or "B" attach an explanation to this form.

Important Information

Issuance of a Rhode Island Controlled Substances Registration is contingent upon registration by the U.S. Drug Enforcement Administration. If denied a "DEA Registration", the Rhode Island Controlled Substances Registration becomes "**VOID**". Licensed drug facilities and licensed practitioners with prescriptive privileges, cannot dispense, possess, store or ship controlled substances in or into the State of Rhode Island without a valid drug facility or professional license. Rhode Island Controlled Substances Registration (CSR), and a federal Drug Enforcement Administration (DEA) Registration. Practitioners may only prescribe, dispense, possess, and store controlled substances within their particular "scope of practice". "Controlled Substances" for purposes of this application, means a prescription drug in Schedules III pursuant to the Rhode Island Uniform Controlled Substances Act, and 21 CFR 1300 of the Federal Code of Regulations. Schedule I drugs are used by researchers, and require the submission of a protocol.

Without a Rhode Island CSR, and federal DEA Registration, licensed drug facilities, and practitioners with prescriptive privileges, may dispense or possess non-controlled prescription medications under its facility or professional license. A CSR will not be granted to an applicant whose BOARD licensure application is "pending" in this state.

A Rhode Island Controlled Substances Registration must be obtained prior to applying for the DEA Registration. Federal regulations require that applicants comply with individual state requirements prior to issuance of a DEA Registration. Once the CSR is issued, applicants must apply to the U.S. Drug Enforcement Administration for a federal registration using that agency's DEA Form 224 (New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner). Applicants may apply on-line for the DEA Registration at the following web site: www.deadiversion.usdoj.gov./drugreg/reg_apps/index.html

*You can also receive an application, or check the status of a pending DEA Registration by contacting the Drug Enforcement Administration at the following location: Registration Unit, US Drug Enforcement Administration, JFK Federal Building, 15 New Sudbury Street, Boston, MA 02203-0131, Telephone (888) 272-5174.

NOTE:

- Schedules II, III, and IV of section 21-28-2.08 will become void unless dispensed within thirty (30) days of the original date of the prescription.
- Prescriptions in schedules III, IV and V cannot be written for more that one hundred (100) dosage units and not more than one hundred (100) dosage units maybe dispensed at one time. For purposes of this section, a dosage unit shall be defined as a single capsule, tablet or suppository, or not more than one (1) teaspoon of an oral liquid.
- Prescriptions in schedule II may be written for up to a 30-day supply, with a maximum of two hundred and fifty (250) dosage units, as determined by the prescriber's directions for use of the medication.