

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

OPTOMETRIST

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit an original, certified transcript documenting completion of a doctoral degree from a school of optometry accredited by the Council on Optometric Education.

Note: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. **If you graduated with a doctoral degree from a school of optometry accredited by the Council on Optometric Education prior to July 1, 1996,** submit an original, certified transcript or your original certificate of completion documenting completion of a minimum of 100 hours in general and ocular pharmacology and a course in emergency medical care (CPR or BCLS)

3. Request NBOE to submit to DOPL documentation of your having passed the NBOE examinations, Parts I, II, III and TMOD.
4. Submit a completed take-home Utah Optometry Law and Rules Examination (*attached to this application*).
5. Submit a **\$140.00** non-refundable application-processing fee, made payable to “DOPL.”

Note: If you are using this application to reinstate your Utah optometrist license which has been expired for more than two years, you must also submit an additional \$50 reinstatement fee in addition to completing all other requirements outlined in this application. (*The total fee for reinstating a license expired more than two years is \$190.*)

6. If you are applying for a Utah Controlled Substance license, additionally complete the following:

- a completed take-home “Utah Controlled Substances Law and Rules Examination” (*attached to this application*).
- Submit an additional \$90.00 non-refundable application-processing fee for a Utah Controlled Substance License.

Note: If you are using this application to reinstate your Utah optometrist license which has been expired for more than two years, you must also submit an additional \$50 reinstatement fee in addition to completing all other requirements outlined in this application. (*The total fee for reinstating a license expired more than two years is \$140.*)

NOTE: The total fees for an optometrist license and a Utah controlled substance license are \$230.00.

7. If you are applying by endorsement (*currently licensed in another state*), additionally complete the following:

- Use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as an optometrist.

Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

- Use the "Verification of Optometric Work Experience" form (*attached to this application*) to document the completion of at least 3,200 hours of active optometry practice in the immediate two years preceding submission of this application.

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as an optometrist. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Utah Optometry Practice Act
 - ❑ Utah Optometry Practice Act Rules
 - ❑ Utah Controlled Substances Act
 - ❑ Utah Controlled Substances Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. Return the completed examination with your application for licensure if you are applying for a controlled substance license in addition to your license. Do not submit it separately.
4. **Controlled Substance License/DEA Registration:** In order to administer, possess, or prescribe a schedule III, IV, or V controlled substance in Utah, you must obtain a Utah controlled substance license and a DEA Registration. For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
5. **Utah Optometry Take-Home Law Exam:** All applicants for licensure as an optometrist must pass the take-home Utah Optometry Law Examination. The take-home Optometry Law Exam is found on page 7 of this application.
6. **National Board of Optometry Examiners (NBOE):** To obtain information to register to take the NBOE examinations, Parts I, II, III and TMOD, or to request your score report be submitted to DOPL, contact: NBOE, 4340 East West Highway, Suite 1010, Bethesda, Md. 20814, (301) 652-5192.
7. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
8. **License Renewal:** All optometry licenses expire September 30 of every even-numbered year. Additionally, if you have a controlled substance license, it will expire at the same time as your primary license, and you will also be required to renew it at the same time.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's

date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

9. **Renewal Requirements / Continuing Education:** In order to renew your license by September 30 of each even-numbered year, you must complete 30 hours of continuing education approved by the Council on Optometric Professional Education (COPE) or optometry related courses approved by the Council on Medical Education (CME).
10. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
11. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
12. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
13. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office – but not over the telephone.
14. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

15. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
16. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: OPTOMETRIST LICENSE

OPTOMETRIST LICENSE WITH CONTROLLED
SUBSTANCE LICENSE (*Schedules III, IV, and V only*)

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: Male Female Date of Birth: ____/____/____

Social Security Number: ____-____-____

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

Signature of Applicant: _____ Date: ____/____/____

Have You Ever Held A Utah License Before? Yes No

If Yes, Name of Profession: _____ License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

EDUCATION REQUIREMENT – OPTOMETRY SCHOOL:

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: ___/___/___

If you graduated from optometry school before July 1, 1996, submit the following:

- An original, certified transcript and/or certificate of completion documenting the 100 hours of course work in general and ocular pharmacology.
- A copy of your current CPR or BCLS Certification.

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ NBOE - Part I, Date Passed: _____

_____ NBOE - Part II, Date Passed: _____

_____ NBOE - Part III, Date Passed: _____

_____ NBOE - TMOD, Date Passed: _____

_____ Utah Controlled Substances Law Exam, Date Passed: _____

<p>AFFIDAVIT FOR UTAH LAWS AND RULES</p> <p>I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as an optometrist in the state of Utah and I agree to comply with such.</p> <p>Signature of Applicant: _____ Date: ___/___/___</p>

UTAH OPTOMETRY LAW AND RULES EXAMINATION

The references listed below have been provided to assist you in selecting your response. The test is not intended to be difficult. The purpose of the test is to bring to your attention specific practice issues that you need to know in order to avoid violating Utah law and rule.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank.

1. _____ Optometrists are required to complete 30 hours of approved continuing education during each licensing cycle (*every two years*). [58-16a-304]
2. _____ DOPL may report disciplinary action to other state or federal governmental entities, the media, or to any other person who is entitled to such information under the Government Records Access and Management Act. [R156-1-503]
3. _____ An Optometrist can prescribe pharmaceutical agents for the treatment of conditions of the eye and adnexa. [58-16a-601]
4. _____ A person can sell contacts without an optometry license if that person complies with 58-16a-801. [58-16a-801]
5. _____ The use of intoxicants, drugs, narcotics, or similar chemicals to the extent that the conduct does or might reasonably be considered to, impair the ability of the licensee or applicant to safely engage in the profession of optometry can be considered unprofessional conduct. [58-1-401]
6. _____ DOPL can investigate the activities of any licensed person, subpoena witnesses, issue cease and desist orders, and take administrative and judicial action against persons in violation of the laws and rules. [58-1-106]
7. _____ An Optometrist may provide any optometric services not specifically prohibited under the Utah Optometry Practice Act and Rules if they practice within their training, skills, and scope of competence. [58-16a-601]
8. _____ Failure to refer a patient to an appropriate practitioner when the patient’s condition does not respond to treatment is defined as unprofessional conduct. [58-16a-502]
9. _____ Prescribing or administering Schedule II controlled substances by persons licensed under the Utah Optometry Practice Act is prohibited. [58-16a-601]
10. _____ Continuing education courses approved by the Council on Optometric Professional Education (COPE) or the Council on Medical Education (CME) will be accepted for continuing education courses. [R156-16a-304].

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UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1. _____ A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7) (f) (i) (B)]
2. _____ A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. [58-37-6(7) (f) (ii)]
3. _____ All prescription orders must be signed in ink or indelible pencil or signed with an electronic signature to prevent anyone from altering a legitimate prescription. [58-37-6(7) (d)]
4. _____ Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours. (R156-37-601)
5. _____ All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]
6. _____ The name, address, and DEA registration number of the prescribing practitioner, and the name, address and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7) (d)]
7. _____ A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. [R156-37-603(7)]
8. _____ After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. [R156-37-602(2)]

(Continued on the next page.)

9. _____ The maximum number of controlled substances that can be written on a single prescription form is one. [R156-37-603(3)]
10. _____ An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order. [R156-37-605]
11. _____ A prescribing practitioner in Utah may not dispense prescription medications to his/her patients except for manufacturers' samples. [58-37-2(1) (m) and 58-17b-102(28)]
12. _____ Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. [R156-37-502]
13. _____ A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment. [R156-37-604(2)]

OPTOMETRIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

(Continued on the next page.)

12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
21. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
22. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

(Continued on the next page.)

24. _____ Do you currently have any criminal action pending?
25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ___/___/___

Printed Name of Applicant: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: ___/___/___

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Qualifier: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

(Continued on the next page)

Name of Qualifying Person: _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ___/___/___ Expiration Date: ___/___/___

Continuously Licensed:

Yes No, please explain: _____

Licensed By:

Exam, Type: _____ Date: ___/___/___

Endorsement, From What State _____

Disciplinary Action or Pending Disciplinary Action:

No Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: ___/___/___

(SEAL)

VERIFICATION OF OPTOMETRIC WORK EXPERIENCE

PART I: Applicant is to complete Part I for each employer who will verify experience.

Name of Applicant: _____ License Number: _____

State of Licensure: _____ Telephone: _____

Full Address: _____

PART II: Optometry Employer is to complete Part II and return it to the applicant.

Name of Employer: _____ Telephone: _____

Full Address: _____

Inclusive Dates of Employment: from: ____/____/____ to ____/____/____

Number of Hours Applicant Worked Per Week: _____ Total Hours Worked: _____

Nature of Applicant's Duties: _____

I certify that the applicant has completed the experience outlined above. Yes No

I further certify that the applicant:

is qualified and competent to practice as a licensed optometrist.

is not qualified and competent to practice as a licensed optometrist.

If applicant is not qualified, please explain the nature of the problem and recommendation for becoming qualified. (*Use additional sheets if necessary.*)

I further certify that the information provided is truthful, correct and complete, and discloses all material facts regarding the applicant. I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

Employer Signature: _____ Date: ____/____/____