



APPLICATION FOR OPTOMETRY LICENSE

State Form 7 (R17 / 3-21)

**INDIANA OPTOMETRY BOARD
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, IN 46204
 Telephone: (317) 234-8800
 E-mail: pla14@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$200.00, payable to the Indiana Professional Licensing Agency, in accordance with 852 IAC 1-10-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

BASIS FOR LICENSURE		
Application for licensure by: (Please check appropriate box.)	<input type="checkbox"/> EXAMINATION	<input type="checkbox"/> ENDORSEMENT

APPLICANT INFORMATION	
Name of applicant (last, first, middle, maiden)	OE tracker number
Social Security number *	Date of birth (month, day, year)
Address of applicant (number and street or rural route)	City, state, and ZIP code
Telephone number (daytime) ()	E-mail address
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.	
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check the box to be included on the Health Care Volunteer Registry established by IC 25-22.5-15. (Optional) <input type="checkbox"/>	

PRE-PROFESSIONAL EDUCATION				
Name of School	Location	From (month, year)	To (month, year)	Degree

PROFESSIONAL EDUCATION (SCHOOL OF OPTOMETRY)				
Name of School	Location	From (month, year)	To (month, year)	Degree

OPTOMETRY SCHOOL OF GRADUATION

Name of School	Location	Date of Graduation (month, day, year)

EXAMINATION RECORD - NATIONAL BOARD OF EXAMINERS IN OPTOMETRY

National Boards	Date of most recent test (month, day, year)	Where taken (state)	How many times?
Part I			
Part II			
Part III			
TMOD			

ANY OTHER NBEO EXAMINATION TAKEN?

STATE BOARD EXAMINATION

If you are applying by endorsement and have not taken Part III of the National Board of Examiners in Optometry (NBEO), please list the State Board Examination you will be endorsing to the State of Indiana.

State	Examination date (month, day, year)	License current?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

STATES OF LICENSURE

List all states (including Indiana) in which you have been licensed or certified to practice any regulated health occupation, regardless of status.

State	License Number	Date Issued (month, day, year)	Date Expires (month, day, year)

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application. Do not file this application without this documentation.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice optometry or any regulated health occupation in any state (including Indiana) or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i> (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (*month, day, year*)