

KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

**APPLICATION FOR LICENSE TO PRACTICE OPTOMETRY**

- **This application is for new graduates from optometry school and optometrists that have been practicing less than five (5) years.**

In order for you to apply for optometry licensure in Kentucky, the following must be in this office fifteen (15) days prior to Board review:

1. Completed application
2. Birth certificate
3. Certified copy of college transcripts
4. Certified copy of optometry school transcripts
5. National Board results●
6. TMOD results
7. Two letters of recommendation (one by an optometrist)
8. State Law Exam results
9. A recent photograph of head and shoulders, front view
10. A non-refundable fee of \$500. Invoice sent upon receipt of app.
11. A non-refundable fee of \$25 for HIP-DB Query. Invoice sent upon receipt of application.
12. Results of a criminal background check, ordered and paid for by the applicant received within 60 days of application.

● Beginning January 1995, Parts I, II, & III of the National Boards will be REQUIRED for licensure in Kentucky. All required parts of the NBEO must have been successfully taken within five (5) years of the date of application. 201 KAR 5:010 Sec. 3.

All pages of this application, including this page, must be mailed to the Board Office.

Mail to the address below or Email [optometry@ky.gov](mailto:optometry@ky.gov). Be sure to send securely.

Kentucky Board of Optometric Examiners  
100 Consumer Lane  
Frankfort, KY 40601  
(502) 234-2114

**For Office Use Only**

Application Fee \_\_\_\_\_

License Number \_\_\_\_\_

Date fee paid \_\_\_\_\_

License issue date \_\_\_\_\_



Application Fee: \$500.00

## APPLICANT

Attach one (1) passport type quality photograph of yourself taken within the last year. Negatives and Polaroids are not acceptable.

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS.

### APPLICANT INFORMATION

Name of applicant (Last, first, middle, maiden)		Social Security number
Address (Number, street or rural route)		
City, state, ZIP code		Email Address
Telephone number (Daytime)	Date of Birth	Place of Birth

### PROFESSIONAL EDUCATION (SCHOOL OF OPTOMETRY)

Name of School	Location	FROM MONTH/YEAR	TO MONTH/YEAR	DEGREE

List all states, in which you hold or have held a license to practice Optometry.

STATE	NUMBER	DATE ISSUED	CURRENT STATUS

Give address to which license should be mailed when issued:

Father's Name \_\_\_\_\_

Father's Residence \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Residence \_\_\_\_\_ Phone \_\_\_\_\_

My legal residence for voting purposes is \_\_\_\_\_  
City State

<b>NOTE:</b>	If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location and date. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license, certification or permit issued pursuant to this application.		
1.	Have you ever previously filed an application in the State of Kentucky?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you have any unresolved disciplinary actions pending against your license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has disciplinary action even been taken regarding any health license that you hold or have held?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you ever been convicted of a felony or misdemeanor, (other than minor violations of traffic laws) in any state or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever had a malpractice settlement or judgment against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you now have a substance abuse problem that may affect your ability to practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. What month and year did you complete the National Boards? \_\_\_\_\_

9. Are you a citizen or a legal resident of the United States? \_\_\_\_\_

(a) I hereby give my permission for the Kentucky Board of Optometric Examiners to secure additional information concerning me or any of the statements in this application from any source the Board may desire. (b) I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the board. I, \_\_\_\_\_, the applicant, herein state that all facts, statements and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications, whether it is called for or not; and I agree that any falsification, omission, or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Kentucky Board of Optometric Examiners and any such falsification, omission, or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Kentucky License if it is not discovered until after issuance.

I certify that I have read Chapter 320 of the Kentucky Revised Statutes, and the administrative regulations relative to the practice of optometry (copies having been furnished to me by the Kentucky Board of Optometric Examiners). I further certify that I understand I shall be registered by KASPER if I have a DEA number and shall be registered by KASPER if I prescribe or intend to prescribe controlled substances.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared, who being by me duly sworn upon oath says that all the facts, statements, and answers contained in this application are true and correct and that all questions have been answered fully and frankly.

\_\_\_\_\_  
Applicant's Signature

Sworn and subscribed to before me, by the said \_\_\_\_\_,

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which witness my hand and seal of office.

My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## **NOTICE**

In compliance with Ky. Rev. Statute 320, this agency is notifying you that you must provide the requested information, or your application will not be processed. You will have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

The Kentucky Board of Optometric Examiners does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provisions of services. We will provide, upon request, reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.