



## KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

### APPLICATION FOR LICENSE BY ENDORSEMENT TO PRACTICE OPTOMETRY

► **This application is for optometrists that have been practicing five (5) years or more.**

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

1. Completed application
2. Certified copy of college transcripts
3. Certified copy of optometry school transcripts
4. Recent photograph of head and shoulders, front view
5. Verification that you have been licensed in optometry and in active practice the past five (5) years
6. Information regarding any resolved, pending, or unresolved board action or malpractice suit in any state or territory
7. Certificate of good standing from the board where you are currently licensed and from all state boards where you have held a license in the past
8. Copy of credential that proves you are therapeutically licensed
9. Two letters of recommendation (one by an optometrist)
10. A notarized statement explaining why you wish to be admitted to practice in Kentucky
11. Proof of successful completion of Kentucky State Law Exam
12. A non-refundable application fee in the amount of \$700.00
13. A non-refundable fee in the amount of \$25 for HIP-DB Query
14. Results of a criminal background check, ordered and paid for by the applicant.

|                                                 |               |                |                        |
|-------------------------------------------------|---------------|----------------|------------------------|
| 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<br>MONTH/YEAR | TO<br>MONTH/YEAR | DEGREE |
|                                              |          |                    |                  |        |
|                                              |          |                    |                  |        |
|                                              |          |                    |                  |        |

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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:

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**NOTE:**

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 plaintiffs(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.