



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Optometrists
124 Halsey Street, 6th Floor, P.O. Box 45012
Newark, New Jersey 07101
(973) 504-6440



Optometrist Application Instructions / Checklist

Use this checklist to determine whether you have complied with all of the requirements for licensure in New Jersey as an optometrist. Once your application has been received, a file will be established and you will be notified regarding any missing documents or fees.

- ☐ Application Fee: \$125.00

Please enclose a nonrefundable check or money order in the amount of \$125.00 made payable to the "New Jersey State Board of Optometrists" and mail it with your application to: New Jersey State Board of Optometrists, P.O. Box 45012, Newark, NJ 07101.

- ☐ Licensure Fee (Active Status or Inactive-Paid Status)

- ☐ *Answer all of the questions on each page of the application.*

- ☐ Attach a clear, full-face, passport-style photograph (2"x2") of your head and shoulders, taken within the past six months, to the front page of the application. Please sign and print your name along with the date on the back of the photo.

- ☐ Enter your Social Security number.

- ☐ All applicants who have had a name change due to naturalization, marriage, divorce or other decrees, must submit legal documentation of their name change.

- ☐ If you have taken the National Board of Examiners in Optometry (NBEO) Exams for Part I, Part II, Part III and the Treatment and Management of Ocular Disease (TMOD) exam, please contact the NBEO to have your official exam scores sent directly to the Board. If you wish to request your exam scores in writing, the address is: National Board of Examiners in Optometry, 200 South College St., Suite 1920, Charlotte, North Carolina 28202, and their contact numbers are 704-332-9565 and 1-800-969-3926. Also, you may contact them by e-mail at: nbeo@optometry.org.

- ☐ If you have taken the North East Region Clinical Optometric Assessment Testing Service (NERCOATS) exam or any other state's clinical or written exam, you must contact the state board in the state where you took the exam and request that the board send confirmation, on their letterhead, that you took and passed the exam, and also provide an outline of your official test and your scores, and send that information directly to the Board office at: New Jersey State Board of Optometry, P.O. Box 45012, Newark, New Jersey 07101.

- ☐ A verification letter from the optometry school must be mailed directly by the registrar of that accredited school of optometry to the Board.

A verification letter from an optometry school which applies to any person who graduated prior to 1992 that will verify that his or her therapeutic education is substantially equivalent to that of a graduate after 1992. If you completed a 30-hour or 100-hour course in order to be qualified to take the TMOD examination, then please have your registrar mention this in your verification letter. If you graduated after 1992, the verification letter is not required; your optometry school transcript is sufficient.

- ☐ Applicants who are foreign educated must have a Credential Evaluation completed in the United States by one of the evaluation services. They will determine if your education is substantially equivalent to that of a current graduate of an optometric school in the U.S.

- ☐ Send a current copy of CPR Certification. The Board currently accepts:

- American Heart Association
- The Red Cross
- Health and Safety Institute and Medic First

- ☐ Be sure to download, complete and submit the Oral TPA application.
- ☐ Verification of licensure - you must contact each state in which you hold (or have held) an optometry license (active, inactive or expired) and request that each board mail a verification of your license directly to the: New Jersey State Board of Optometry, P.O. Box 45012, Newark, NJ 07101. Please contact each state office to find out about the required processing fees for verification before mailing your request.
- ☐ If you answered “Yes” to any of the child-support questions, you must provide a written explanation on a separate sheet of paper and then attach it to the application.
- ☐ All applicants must complete the “New Jersey Optometry Law Examination” and return it with your application for licensure. Please download the New Jersey Optometry Law Examination from our website.
- ☐ Fill out the Certification and Authorization form for a criminal history record background check and mail it with the application to the Board.
- ☐ Once the entire application has been completed and signed by you, have it signed and stamped/sealed by a notary public.

Notice

Any applicant filing an application after November 22, 2003, will be subject to a criminal history record background check pursuant to P.L. 2002, chapter 104. Information regarding this background check will be provided to applicants.

Attach a clear, full-face passport-style photograph (2"x2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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☐ Reapply

License # _____

Application for an Optometry License

Date : _____

A nonrefundable application filing fee of \$125.00, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application (applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid).

The optometrist license is \$250.00 if you are applying the first year of a biennial renewal period (between May 1st of every odd year through April 30th of every even year). If you are applying for an optometrist license during the second year of a biennial renewal period (between May 1st of every even year through February 1st of every odd year), your optometrist license fee will be \$125.00. The optometrist license fee must be submitted in the form of a check or money order made out to the State of New Jersey.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

1. Name ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

- | | | |
|---|------------------------------|-----------------------------|
| a. Do you currently have a child-support obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If "Yes," are you in arrears in payment of said obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous 365 days, whichever is longer.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

☐ Yes ☐ No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

☐ Yes ☐ No

Applicant's signature

Date

7. Have you ever changed your name? ☐ Yes ☐ No
If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
10. Have you served in the Armed Forces of the United States? ☐ Yes ☐ No
If "Yes," what type of military discharge did you receive? Indicate the type of discharge you received.

11. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name.

Last name		First name		Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

12. Have you ever taken any other state board or regional board's exam and failed? ☐ Yes ☐ No
If "Yes," please provide the name of the state and the date the exam was taken.

State	Date

13. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been named as a defendant in any litigation related to the practice of optometry or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
18. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
19. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of optometry or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 14 through 19, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended? _____
Name of high school

Street address City State ZIP code
2. What years did you attend high school? _____
3. Did you graduate from high school? ☐ Yes ☐ No
- If "Yes," what was the date of your graduation? _____
Month Year
- If "No," did you study to receive a G.E.D. certificate? ☐ Yes ☐ No
- If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.
- _____
Name of educational institution

Street address City State ZIP code

Date certificate was issued
4. I have studied optometry for _____ years _____ months in _____
Name of optometry college
and ☐ have been ☐ will be granted the degree of Doctor of Optometry by said college on the _____ day of _____, 20____.
5. List positions, intern residencies or postgraduate training since graduation from optometry school including addresses and dates.
(Account for all years since graduation.)
- ☐ Position ☐ Intern residency ☐ Postgraduate training
- _____
Name of educational institution

Street address City State ZIP code
From _____ to _____
- ☐ Position ☐ Intern residency ☐ Postgraduate training
- _____
Name of educational institution

Street address City State ZIP code
From _____ to _____
6. OE Tracker # _____
- | <input type="checkbox"/> National Board Examination | <input type="checkbox"/> Nercoats Examination |
|---|--|
| <u>Scores</u> | Contact NBEO to have the Nercoats results sent. |
| Part 1 _____ | Note: Nercoats may have to be researched before results are sent to the Board which may result in a short delay in getting results. |
| Part 2 _____ | |
| Part 3 _____ | |
| TMOD _____ | |

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

} ss.

State of: _____

County of: _____

I, _____, in making this application to the New Jersey State Board of Optometrists for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Optometrists, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:12-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Optometrists, N.J.A.C. 13:38-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix seal here

Applicant's number



(973) 504-6440

Board or Committee

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date



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Active Status Form

Please complete either the Active Status or the Inactive-Paid Status form.

An applicant applying for a license on active status **must** have a business address within the State of New Jersey in which he or she will be practicing. Please provide your name of record, business name, business address and business telephone number.

Please print clearly.

Name of record _____
Last name First name Middle initial

Business name _____

Business address _____
Street address City State ZIP code

Business telephone number _____ (include area code)

Licensee working at this location: _____

Licensee license number: **27OA00** _____ **00**

Check one:

- ☐ Pay \$250 for the **active-status** license if applying for licensure during the first year of the biennial renewal period. (Applying between May 1st of every odd year through April 30th of every even year.)
- ☐ Pay \$125 for the **active-status** license if applying for licensure during the second year of the biennial renewal period. (Applying between May 1st of every even year through January 31st of every odd year.)

Date

Applicant's signature

Please Note

If you are submitting your application to the Board between February 1st odd year through April 30th of odd year, please call the Board office at 973-504-6440 for the appropriate licensure fee or submit your application without the licensure fee and you will be notified in writing of the appropriate licensure fee.

When applying for an optometry license on active status and an Oral T.P.A. Certification at the same time, you are only required to pay one nonrefundable application filing fee of \$125.00.



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Inactive-Paid Status Form

Please complete either the Active Status or the Inactive-Paid Status form.

If you are not going to be practicing in the State of New Jersey or you do not currently have a promise of employment in the State of New Jersey, you must apply for a license on inactive-paid status. Please provide your name of record and your mailing address below.

Please print clearly.

Name of record _____
Last name First name Middle initial

Mailing address _____
Street address City State ZIP code

Check one:

- ☐ Pay \$100 for the **inactive-paid status** license if applying for licensure during the first year of the biennial renewal period. (Applying between May 1st of every odd year through April 30th of every even year.)
- ☐ Pay \$50 for the **inactive-paid status** license if applying for licensure during the second year of the biennial renewal period. (Applying between May 1st of every even year through April 30th of every odd year.)

Date

Applicant's signature

Please Note

If you are submitting your application to the Board between February 1st odd year through April 30th of odd year, please call the Board office at 973-504-6440 for the appropriate licensure fee or submit your application without the licensure fee and you will be notified in writing of the appropriate licensure fee."

When applying for an optometry license on inactive-paid status, your Oral T.P.A. Certification will not be issued until you have a promise of employment and request to transfer your inactive-paid license to an active status.