New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Optometrists
P.O. Box 45012
Newark, New Jersey 07101
(973) 504-6440

MEMORANDUM

Pursuant to N.J.S.A. 45: 1-7.2(a),(b), (c) and (d). The following checked information is required to reinstate your license:

1. Completion of the enclosed reinstatement application.

2. Completion of enclosed certification and authorization form for criminal history background check.

3. Notarized affidavit of employment indicating each job held during the period of suspension which includes the names, addresses, and telephone numbers of each employer. The letter should state whether or not you have been working in New Jersey since license expired.

4. Documented proof that you completed the continuing education credits required for each biennial period that your license was expired:

☐	**Previous Biennial Renewal Period**	**CEU's**
		50
	Total Required:	**50**

5. Payment of reinstatement fee and payment of all delinquent renewal fees:

☐	**Optometrists License Renewal Fee:**	**$ 250.00 (Separate Check)**
☐	**OM or TPA-Certification License renewal fee:**	**$ 250.00**
☐	**Reinstatement Fee:**	**$ 200.00**
☐	**Resubmit Criminal History Background Check Fee:**	**$ 18.75**
	Total Required:	**$ 250.00 (1st Check)**
		$ 468.75 (2nd Check)

Pursuant to N.J.A.C. 13:38-3.10 9(c) An individual who continues to practice with a suspended license shall be deemed unlicensed practice. Therefore you must cease and desist working while your license is not active. Please contact the office at 973-504·6440 with any further questions.

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Instructions for Reinstating a License

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration, certification and complies with the provisions of N.J.S.A. 45: l-7.4(a). The necessary application and materials for applying for reinstatement are enclosed.

1. Complete:

- The enclosed application for reinstatement.
- The Certification and Authorization form for a criminal history background check.

2. Enclose:

- Payment of all past delinquent renewal fees and payment of a current renewal fee;*

- Payment of a reinstatement fee; *

  *An invoice is enclosed which shows the total amount owed.

- An affidavit of employment listing each job held during the lapsed licensure or certification period. This affidavit of employment must include the names, addresses and telephone numbers of each employer;

- A notarized statement indicating if you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was lapsed. If you were practicing your profession or occupation during this lapsed license period, you must include a description of the type of work or projects that you were involved with; and

- Satisfactory proof that the applicant has maintained proficiency by completing the continuing education hours or credits required for the renewal of an active license or certificate of registration or certification.

- A verification of good standing, you must contact each State in which you hold (or have held) an optometrist license (active, expired or inactive) and direct each Board to mail the verification directly to the New Jersey State Board of Optometry, P.O. Box450l2, Newark, N.J. 07101 (Fees may apply).

- Completion of Criminal History Background Check. See enclosed instructions.

3. Submit to the: **New Jersey State Board of Optometrists**
P.O. Box 45012
Newark, New Jersey 07101

Upon review and approval of your reinstatement application, a license or certificate may be issued.

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Division of Consumer Affairs
New Jersey State Board of Optometrists
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Newark, New Jersey 07101
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Application for Reinstatement of a License

You may not practice in the State of New Jersey until your license or certificate has been reinstated.

N.J. License/Certificate No.:_____ Type of License/Certificate: _____

Initial License/Certificate Date: _____ Year of last renewal: _____

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 (including your address of record) 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.

Section I
Personal Information

Date of birth: _____
Month Day Year

1. Name _____
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 No: ____ - ____ - ____

You **must** provide your Social Security number to the Committee. Failure to do so will result in denial of licensure or certification reinstatement.

*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 Committee is required to obtain your Social Security number. Pursuant to these authorities, the 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

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to questions a(1) through d will result in a denial of reinstatement 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 or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

6. 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.

7. 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

8. 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.)

9. Do you currently hold, or have you ever held, a professional 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 or certificate 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

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional 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

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

    ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of optometry or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. 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

16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of optometry or other professional 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 10 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Employment since your license expired. (You may photocopy this page if necessary.)

Employer's name: _____

Employer's address: _____
Street

_____
City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

_____

_____

Dates employed: from: _____ to: _____
month day year month day year

Employer's name: _____

Employer's address: _____
Street

_____
City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

_____

_____

Dates employed: from: _____ to: _____
month day year month day year

Employer's name: _____

Employer's address: _____
Street

_____
City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

_____

_____

Dates employed: from: _____ to: _____
month day year month day year

_____ _____ _____
Applicant's name (Please print) Applicant's signature Date

Certification for Reinstatement Application

I, _____, in making this application to the Board or Committee for reinstatement of 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 reinstatement 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 reinstatement. 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

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

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Official Use Only
☐ Resubmit
_____
Board or Committee
_____

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name
2. Address _____
   Street or P.O. Box City State ZIP code
3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year
4. Social Security number _____/ _____ / _____
5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   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