

Optometrist Checklist

- Application & Fee
- Photo
- Transcript
- National Boards
- Other State License Verification



*****FOR OFFICE USE ONLY*****

Receipt #

ID #

Issue Date

License #

**Rhode Island
Board of Examiners in Optometry**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and
License Application for:***

Optometrist

License Number: _____

Name: _____

Endorsement **Examination**

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Instructions for Completing Board Application.....	4
Application Materials:	
Application.....	5-8
Application Checklist.....	9
Reciprocity Release Form.....	10
RI Uniformed Controlled Substances Registration (CSR).....	11

Licensure Requirements

By Examination

- License Fee of **(\$280.00 (\$380.00 with CSR)** (Check or Money Order ONLY - Payable to RI General Treasurer).
- Recent passport type photograph.
- Official transcript sent directly from the accredited college of Optometry.
- Results of the written National Board exam sent directly from the National Board
- Satisfactorily passed the International Association of Boards of Optometry Examination in “*The Treatment and Management of Ocular Disease*” as approved by the director. (This eliminates prior to commencing clinical therapeutic training.)

By Endorsement

- License Fee of **\$280.00 (\$380.00 with CSR)** (Check or Money Order ONLY - Payable to RI General Treasurer).
- In addition to requirements listed above, verification of other state(s) of Licensure (See Release form on page10).

Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

NOTE: All applicants for prescriptive privileges who wish to prescribe controlled substances must complete the enclosed Rhode Island Uniform Controlled Substances Act Registration (CSR) (page 11). A Federal DEA registration number will not be issued without proof the practitioner has a Rhode Island issued CSR. The fee for a CSR is an additional \$100.00, if submitted at the same time as this application, and will be issued with the Optometry license. The CSR license will be renewable every year with your optometry license. The CSR can only be issued to a Rhode Island office address.

Rules and Regulations

To obtain the Rules and Regulations for your profession visit the following web site. From the list click on your profession.

<http://www.health.ri.gov/licenses/>

APPLICATION PROCESS OVERVIEW

Rules and Regulations

Rhode Island General Laws pertaining to the Practice of Optometry can be obtained at the following web site:

<http://www.rilin.state.ri.us/Statutes/TITLE5/5-35.1/INDEX.HTM>

The licensure process in the State of Rhode Island is conducted by the Rhode Island Board of Examiners in Optometry (Board). All licensure applicants must complete and submit a Board application.

Application Process

You must submit your application and supporting credentials directly to the Board. The Board will use this information to assess your qualifications for licensure. Please allow a minimum of 4 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

Only applications which are complete, with all supporting credentials, will be forwarded to the Board for review and issuance of a license. Licenses will be issued within 7-10 working days following the Board meeting and are mailed to the address furnished in your application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site (approximately ten (10) days after Board Meeting):

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the Board application. Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

General Instructions

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
5. **It is your responsibility to check on the status of your application. We advise that you visit our website at <https://healthri.mylicense.com/Verification/>, enter just your last name. "Pending" means we have received your application and we are processing it, "Active" means you are licensed. Please print this and reference it as Verification of License.**

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION-CONT'D

Completing your Board Application

1. Complete the Board Application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **\$280.00 (\$380.00 with CSR)**, payable to "Rhode Island General Treasurer" and staple it to the upper left-hand corner of the first (Top) page of the application. The application fees are **NON-REFUNDABLE**.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 9). Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

Rhode Island Department of Health Board of Examiners in Optometry, Room 104 3 Capitol Hill Providence, RI 02908-5097

In addition to the materials you mail to the Board, you must also mail information to other sources for verification. Follow these additional steps as described below:

In addition to the materials you mail to the Board, you must also mail information to other sources for verification. Follow these additional steps as described below:

1. Obtain licensure verification from all states where you hold, or have ever held, a license to practice optometry. To obtain this verification, you must mail the Reciprocity Release Form (page 10) to each licensing authority in which you are/were licensed. If you are licensed in Canada, send a copy to each province in which you are/were licensed. Type your information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information.
2. Be certain to sign and complete the identifying information on each form. **The Board must receive the verification(s) directly from the licensing authority.** Make copies of the form as needed.



State of Rhode Island Board of Examiners in Optometry

Application for License to Practice Optometry

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

 - -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 -

Home Phone

State

Zip Code

Postal Code, If NOT U.S.

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Primary Business Address

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 -

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

 -

Business Fax

7. Preferred Mailing Address

Please check ONE

Please use my **Home Address** as my preferred mailing address

Please use my **Business Address** as my preferred mailing address

8. Practice Information

A. Specify where in this State you intend to practice, and list type of practice.

Location #1

City

Location #2

City

Location #3

City

9. Practice History

Please provide your practice history for the last five (5) years.

Month	Year	—	Month	Year
<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>

Name and Location of Facility: NOTE: You may continue information on a separate sheet of paper.

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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10. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (University, College, etc.)

Name of School

Date Graduated

Month Year

Is school accredited by the Council on Optometric Education (ACOE)? Yes No

Degree Conferred

11. Other State Licensure

List all states or countries in which you are now, or ever have been licensed to practice optometry, or any other profession.

State/Country:

_____ Active Inactive

_____ Active Inactive

_____ Active Inactive

State/Country:

_____ Active Inactive

_____ Active Inactive

_____ Active Inactive



DOCUMENTATION: You must send a Reciprocity Release Form to each entity. (See page 11)

12. Board Discipline

List any disciplinary actions by licensing boards in other states. Please describe any prior or pending Board action or investigation. Please attach any relevant supplemental materials. If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.

Check here if not applicable.

Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct):

Type of Discipline:

Month	Year

Please describe any prior or pending Board action or investigation. Please attach any relevant supplemental materials.

13. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending; including use of illicit substances or operating a motor vehicle while intoxicated. (Please include any offenses which have been expunged from your record)? Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month	Year



¹For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

14. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Optometry any information which is material to my application for licensure.

I have read carefully both the statute and associated Regulations for the licensure of optometrists in Rhode Island. Further, I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I knowingly furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice optometry in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Optometry of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

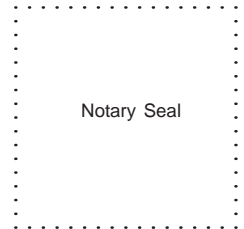
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)



15. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure you have satisfied all components of the application process. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Board Application."
- I have carefully read the Rules and Regulations and RI General Laws
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have completed Section 14, "**Affidavit of Applicant**" and had the form notarized by a notary public.
- I have attached a photograph to Section 15, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have a **check or money order** made payable (in U.S. funds only) to the "**Rhode Island General Treasurer**" in the amount of **\$280.00 or (\$380.00 with CSR)** and attached it to the upper left-hand corner of the first (cover/top) page of the application.
- I have arranged my Board Application materials in following order:
 1. Fee (attached as instructed)
 2. Board Application (cover/top page, and pages 5-8)
 3. RI Uniform Controlled Substances Registration (CSR) (page 12, If Applicable)
 4. Supporting documentation as required. [Note: Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Licensing Office, Department of Health.
- I have requested the following credentials be submitted directly to the BOARD:
 1. Official Optometry School Transcript
 2. Official copy of National Board Scores

Endorsement Candidates

- I have completed and mailed the following forms as instructed:
 1. Reciprocity Release Form(s) (Licensure Verification) (page 10)



Substitute forms are not acceptable. This form may be duplicated as needed.

Rhode Island Board of Examiners in Optometry

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

RECIPROCITY RELEASE FORM

I am applying for a license to practice optometry in the State of Rhode Island. The Rhode Island Board of Examiners in Optometry requires that the following form be completed by the jurisdiction in which I am now or was previously licensed. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners in Optometry at the above address.

_____	_____	_____
Print/Type Full Name	Signature	Date
_____	_____	_____
Previous Names Used	Social Security Number	Date of Birth
_____	_____	
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE OPTOMETRY BOARD

Basis for issuing License:

ACOE National Board

If a combination of exams were taken, please list the specific combination:

License Status:	Original Date Issued:	Expiration Date:
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed		

Questions:

- Has this optometrist ever been investigated by your Board? Yes No
- Has this optometrist incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Are you aware of any information about this optometrist submitted to the National Practitioner Data Bank, or any other information that may discredit this person? Yes No
- Using the space provided below, please indicate the practice level of this license and the scope of practice of this license in your state.

If you answer "Yes" to questions 1-4, please provide a written explanation and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

_____	_____	Please Affix Board Seal Here
Signature	Date	

Type or Print Name		

Title		

Full Name and of Licensing Board including State		

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



RHODE ISLAND UNIFORM CONTROLLED SUBSTANCES ACT REGISTRATION (CSR)

- NEW APPLICATION
CHANGE OF OWNERSHIP
CHANGE OF LOCATION

FOR OFFICE USE ONLY
RECEIPT #
ID#
ISSUE DATE
LICENSE #

- PLEASE TYPE OR PRINT IN UPPERCASE
DO NOT SEND CASH - MAIL CHECK OR MONEY ORDER, PAYABLE TO: RI GENERAL TREASURER
FEE - \$100.00 PER YEAR
RETURN ENTIRE APPLICATION TO: RI BOARD OF PHARMACY ROOM 205 3 CAPITOL HILL PROVIDENCE, RI 02908-5097

REGISTRANT NAME AND BUSINESS LOCATION ONLY:

FULL NAME

BUSINESS ADDRESS

TELEPHONE NUMBER

CURRENT STATE LICENSE OR CERTIFICATION NUMBER

E-MAIL ADDRESS - (THIS WILL BE USED FOR REGISTRATION TO THE RHODE ISLAND PRESCRIPTION MONITORING PROGRAM)

Complete the following information to apply for a registration to prescribe, dispense, store or ship controlled substances in or into the State of Rhode Island. A CSR is not required if there will be no controlled substances prescriptions prescribed, dispensed, stored or shipped in or into this state. The CSR is renewed at the same time as the professional or facility license is renewed. NOTE: Please read important information on the next page.

REGISTRATION CLASSIFICATION: BUSINESS ACTIVITY (CHECK ONE ONLY):

- A. () COMMUNITY PHARMACY B. () PRACTITIONER C. () MANUFACTURER/DISTRIBUTOR D. () RESEARCHER
E. () MEDICAL INSTITUTION/CLINIC F. () TEACHING INSTITUTION G. () NTP PROGRAM H. () ANALYTICAL LAB

DRUG SCHEDULE - Check all that apply (Non-practitioners only)

- 1. () SCHEDULE I Attach Protocol 2. () SCHEDULE II 3. () SCHEDULE III 4. () SCHEDULE IV 5. () SCHEDULE V

DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION

Provide DEA number if one has been issued, or check "pending" if an application is being made for the DEA Registration. A copy of the DEA Registration must be provided to the BOARD within 60 days of its issuance by the DEA.

DEA NUMBER

PENDING

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- A. Has the applicant been convicted of, or entered a plea of nolo contendere to a violation of any state or federal law relating to manufacturing, distributing, possessing, prescribing, administering or dispensing of drugs presently defined as controlled substances under Chapter 21-28, General Laws of Rhode Island? Yes No
B. Has the registration application or registration of the applicant, corporation, firm, partner, or officer of the applicant been surrendered, revoked, suspended or denied under any law of the United States or of any state relating to drugs presently defined as controlled substances under Chapter 21-28 of the General Laws of Rhode Island, or is such action pending? Yes No

IF "A" OR "B" IS ANSWERED IN THE AFFIRMATIVE, ATTACH LETTER SETTING FORTH CIRCUMSTANCES

DATE

SIGNATURE OR APPLICANT OR AUTHORIZED INDIVIDUAL

OFFICIAL TITLE

PLEASE KEEP FOR YOUR RECORDS:

IMPORTANT INFORMATION

Licensed drug facilities and licensed practitioners with prescriptive privileges cannot dispense, possess, store or ship controlled substances in or into the State of Rhode Island without a valid drug facility or professional license, Rhode Island Controlled Substances Registration (CSR), and a federal Drug Enforcement Administration (DEA) Registration. Practitioners may only dispense, possess, and store controlled substances within their particular "scope of practice". "Controlled Substances", for purposes of this application, means a prescription drug in Schedules II through V, pursuant to the Rhode Island Uniform Controlled Substances Act, and 21 CFR 1300 of the Federal Code of Regulations. Schedule I drugs are used by researchers, and require the submission of a protocol.

Without a Rhode Island CSR and federal DEA Registration, licensed drug facilities and practitioners with prescriptive privileges may dispense or possess non-controlled prescription medications under its facility or professional license. A CSR will not be granted to an applicant whose BOARD licensure application is "pending" in this state.

A Rhode Island Controlled Substances Registration must be obtained prior to applying for the DEA Registration. Federal regulations require that applicants comply with individual state requirements prior to issuance of a DEA Registration. Once the CSR is issued, applicants must apply to the US Drug Enforcement Administration for a federal registration using that agency's DEA Form 224 (New application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner). Applicants may apply online for the DEA Registration at the following web site:

www.dea diversion.usdoj.gov/drugreg/reg_apps/index.html

or by contacting the Drug Enforcement Administration at the following location:

Registration Unit
US Drug Enforcement Administration
JFK Federal Building
15 New Sudbury Street
Boston, MA 02203-0131
1-888-272-5174

Call the Drug Enforcement Administration to check on the status of a pending DEA Registration. ***A copy of the DEA Registration must be provided to the BOARD within 60 days of its issuance by the DEA.***

PLEASE NOTE: Prescriptions in Schedules III, IV, and V cannot be written for more than one hundred (100) dosage units. A "dosage unit" is defined as a single capsule, tablet or suppository, or not more than one (1) teaspoon or an oral liquid. Prescriptions in Schedule II may be written for up to a 30-day supply, with a maximum of two hundred fifty (250) dosage units, as determined by the prescriber's directions for use of the medication.

The Rhode Island Uniform Controlled Substances Act can be accessed at the following website:

<http://www.rilin.state.ri.us/Statutes/Title21/21-28/index.htm>

***** Rhode Island Prescription Monitoring Program - (RIPMP) *****

The RIPMP is a database that allows you to view patient's prescription history prior to your writing a prescription for them.

Once your RI Controlled Substances Registration is issued we will email a user id and temporary password to the email address that you provided on the CSR form. RI Law requires that all prescribers of controlled substances be registered with the RIPMP. It is important to make sure your email address is current with the Department.

It is the Department's expectation that you utilize this valuable tool that not only protects you as a prescriber but more importantly protects your patients.

Please visit our website for more information about the program and expectations.

<http://www.health.ri.gov/programs/prescriptionmonitoring/>