## **District of Columbia**

DEPARTMENT OF HEALTH - HEALTH REGULATION AND LICENSING ADMINISTRATION

OP REN

## **OPTOMETRY RENEWAL APPLICATION**

## OP RENEWAL BEGINS ON JANUARY 1, 2012! LICENSES EXPIRE MARCH 31, 2012

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HPLA's toll-free Customer Service line Monday through Friday, 8:15AM to 4:40PM EST at 1-877-672-2174. A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Carefully review all demograph corrections in Sections 4 on P		tion. Please make all name, address, SSN, and birth date
PRINT Full Name & home address:	License Num	ber:
		SN:
	Birth d	
	Other Addr	ess:
Phone:	Pho	one:
Fax:	F	-ax:
E-mail:		nail:
Please select your p	referred mailing addre me Business	ss;
Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), applice		le a Social Security Number (SSN) on licensure applications.
SECTION 2. SPECIAL INSTRUCTIONS	o are respectively	to a contact of the c
<b>NEW REQUIREMENT: STATE &amp; FBI CRIMINAL BACKGROU</b>	IND CHECKS (CBC)	REQUIRED FOR LICENSURE RENEWAL
CBC BY DC METROPOLITAN POLICE DEPARTMENT (MPD):		
<ul> <li>Submit renewal application and application fee (\$203) for your open CBC fee (\$50), payable to <u>DC Treasurer.</u></li> </ul>	tometry license and an	additional \$145 for your DPA or TPA authority. And a
☐ Attached Live-Scan Fingerprint Appointment Request Form, to schedu		
Once confirmation of your scan is emailed to us by DC MPD you		ed.
CBC IN JURISDICTION OUTSIDE OF THE DISTRICT OF COLUMB		to DC Transurar Optomatrists with DPA or TPA gutharity
Submit renewal application and application fee (\$203) for your optometry license payable to <u>DC Treasurer.</u> Optometrists with DPA or TPA authority pay an additional \$145 to renew their DPA or TPA authority for a total of (\$348).		
<ul> <li>Go to your local law enforcement agency and request a State Police Clearance.</li> <li>Send state clearance results by email, fax or mail to HPLA (see below), once received your license will be renewed.</li> </ul>		
Also request to be fingerprinted on a FBI Applicant Fingerprint card (FD-258). In the "Reason Fingerprinted" block of the FD-258, write in "License,		
HPLA/CBC Unit; 899 North Capitol Street, NE, Washington, DC 20002."		
☐ Mail the Fingerprint card (FD-258) to the FBI along with a money order or cashier's check for \$18.00 made payable to the		
Treasury of the US to: FBI CJIS Division – Record Request; 1000 Cus		= 1
<ul> <li>The FBI will mail the results of the background check to you. Do not a HPLA/CBC Unit (see address below).</li> </ul>		<u> </u>
If we receive a positive State or FBI CE Late Renewal: Applications submitted after March 31st must include \$85.		
your license. You may reinstate your license within 5 years of the expirar		
must meet the Board's requirements to reapply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- · · · · · · · · · · · · · · · · · · ·
Continuing Education Requirement: Optometrists without any authorit		
credits. Optometrists with Therapeutics Pharmaceutical Agent and Dia (30) hours of Continuing Education Credit.	gnostics Pharmaceutic	al Agent Authorities TPA or DPA must complete thirty
Continuing Education Requirement is NOT required for 1st time renew	al applicants.	
Photos Will Not Be Required: If you don't currently have a picture on y		mit two (2) identical, recent passport photographs. On
the back of the photos write your full name and either your license number	•	
Online Renewal Instructions: To renew your license online go to: www.h	<u>pla.doh.dc.gov.</u> Enter y	our Social Security Number and Last Name, then go to
the next screen and enter your User ID and Password.  Keep a copy of this renewal form and your payment for your records. Remember 1.	per that you are required l	ov law to notify the BOP of any address change within 30
days of the change. You may send address changes to the address below. This	s will help ensure that yo	receive your next renewal notice in a timely manner.
SECTION 3. LICENSE RENEWAL AND FEES – Select the type of c		for your license.
Please check the appropriate box (es).	<u>FEE</u>	
A. Renewal fee	\$ 203.00 \$145	
B. TPA or DPA renewal fee		Make check or money order payable to
C. CBC (DC MPD) fee  CBC (Other jurisdiction)	\$50.00 \$ 0.00	<b>DC Treasurer</b> and mail to:
E. Paid Inactive Status	\$203.00	Department of Health/HPLA - Board of Optometry
E. Late fee (if received after due date)	\$ 85.00	899 North Capitol Street, NE; 1 <sup>st</sup> Floor, Washington, D.C. 20002
c. Cancel license or Deceased * (see notes)	\$ 0.00	Phone: 1-877-672-2174; Fax: 202-724-8471
H. Duplicate Licenses qty	/: X \$34.00	www.hpla.doh.dc.gov * Email: doh.cbcu@dc.gov
Reactivate (Paid Inactive License) Request & Submit Reinstatement Application		
Total Enclosed	.00	

Notes: \* If you cancel your license, you must sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number. \* If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.

SECTION 4. NAME CHANGE	
If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a co	py of marriage certificate
divorce decree, or court order. C hanged to current name by: Marriage Divorce Court Order	
FIRST NAME  MI LAST NAME	SUFFIX (Jr, Sr, etc.)
M M D D Y Y Y Y	
ECTION 5. SECONDARY BUSINESS ADDRESS Please note: This information will be made available to the public.	
COMPANY NAME	
□ APARTMENT □ SUITE □ FLOOR □ PO BOX NUMBER	
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)	
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)	
CITY  E-MAIL	
STATE ZIP CODE + 4 BUS PHONE NUMBER BUS FAX 1	
SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.	
Please answer questions A through H by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through G below, you must provide full information and complete eparate sheet of paper, including copies of relevant court documents, and attach to this form.	<b>details</b> on a
Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.	
Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immedia Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).  IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAS SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.	
As of this date, do you owe more than one hundred dollars (\$100) to the District of Columbia Government as a result of any of the fo  1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 19  2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);  3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);  4. Past due taxes;  5. Past due District of Columbia Water and Sewer Authority service fees; or  6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?	•
Yes No No	
The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).	
Since your last renewal, have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previous reported to the Board?	ously YES NO
Since your last renewal:	YES NO
(1) Have you withdrawn an application for licensure/certification/registration to practice your profession in any jurisdiction?	
(2) Has any authority or peer review board taken adverse action against your license or privileges?	
(3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or	or local 🔲 🗆
law?  (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Boa	rd?
Do you have a physical or mental condition that currently impairs your ability to practice your profession?	YES NO
Since your last renewal, have you been diagnosed or treated for substance abuse?	YES NO
Since your last renewal, have you been involved in a malpractice suit? If yes, provide date of incident, allegation, and disposition of co	VES NO
Since your last renewal, have you ever been terminated or asked to resign from employment?	YES NO
Do you currently practice your profession in the District of Columbia?	YES NO
Since your last renewal have you voluntarily resigned from employment in lieu of your employer taking action against you for profess	sional YES NO
incompetence, or unprofessional or unethical conduct?  Will you complete your Continuing Education as indicated in section 2, no later than March 31, 2012?	YES NO
ECTION 7. LICENSEE AFFIDAVIT	
hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I	
understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.	

LICENSEE SIGNATURE LICENSEE NAME (Please print) DATE