

APPLICATION FOR A VOLUNTEER OPTOMETRIST LICENSE

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Optometrist in this state without an active Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. The Volunteer Optometrist license status requires the applicant to hold an active optometrist license in the state of Colorado prior to applying for a volunteer license. The applicant must provide an affidavit to the Board stating that, after a date certain, the applicant no longer earns income as an optometrist. An optometrist wishing to resume the practice of optometry for compensation may not do so until he or she applies for and is issued a full, active license. Requirements for licensure are outlined in the Optometrists Practice Act and the Board's rules and policies. The Practice Act and complete rules and policies are available online at www.dora.colorado.gov/professions/optometry.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between December 1, 2012 and March 31, 2013 will reflect a license expiration date of March 31, 2015. Licenses issued prior to December 1, 2012 will reflect an expiration date of March 31, 2013 and must renew in the upcoming renewal period.

- All Optometry licenses expire on March 31 of odd-numbered years and must be renewed to continue practicing.

APPLICANT CHECKLIST

To apply for a Colorado **Volunteer Optometrist** license:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Optometry
1560 Broadway, Suite 1350
Denver, CO 80202

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Optometrist License Number: _____ Expiration Date: _____

PART 1—APPLICANT INFORMATION

Name: Last:		First:	Middle:	Suffix:
Previous Name(s):				
Social Security Number: *		Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (city and state, or foreign country):				
Mailing Address:		PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:		
Daytime Telephone Number: ()			E-mail Address:	
			Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—CONDITIONS FOR VOLUNTEER LICENSURE

By checking this box, I attest that after (date) _____ I will not earn income as an optometrist, although I may continue to provide optometry services on a limited basis for no fee.

I understand that I am subject to disciplinary action for any violations of law committed while I hold this volunteer optometrist license and that I may not resume the active practice of optometry in Colorado until I fulfill reinstatement terms and receive a full, active license from the Colorado State Optometry Board.

I understand that I must meet the financial responsibility requirements as provided in C.R.S. 12-40-126 and the continuing education requirements as provided in C.R.S. 12-40-113.

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

APPLICANT NAME: _____

PART 3—MILITARY

Are you a Member of the U.S. military?

YES NO

➤ If **YES**, provide information below:

Branch:

Duty Station:

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date