

MONTANA BOARD OF OPTOMETRY  
PO BOX 200513  
(301 S PARK, 4TH FLOOR - Delivery)  
Helena Montana 59620-0513  
(406) 444-6880 FAX (406) 841-2305  
EMAIL: [dlibsdopt@mt.gov](mailto:dlibsdopt@mt.gov) WEBSITE: [www.optometry.mt.gov](http://www.optometry.mt.gov)

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 14 days for processing from the date that the Board has a complete routine application)

**OPTOMETRISTS ARE NOT PERMITTED TO PRACTICE OPTOMETRY IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**LICENSE REQUIREMENT:**

**1. LICENSURE BY EXAMINATION:**

- Applicant shall have graduated from an accredited School of Optometry accredited by the Association of Regulatory Boards of Optometry (ARBO)
- Applicant shall have passed the National Board of Examiners in Optometry (NBEO) Parts I, II, III and TMOB
- Applicant shall read and understand the statutes and rules of the Board for compliance with their profession

**2. LICENSURE BY ENDORSEMENT (OUT OF STATE LICENSED APPLICANTS):**

- Applicant shall have graduated from an accredited School of Optometry accredited by the Association of Regulatory Boards of Optometry (ARBO)
- Applicant shall have passed the National Board of Examiners in Optometry (NBEO), Parts I & II; Part III or equivalent state exam; and TPA certification
- Applicant shall hold a current, valid and unrestricted license to practice optometry in another state or jurisdiction
- Applicant shall read and understand the statutes and rules of the Board for compliance with their profession

**FEES**

**Examination Application Fees**

Application Fee: \$175  
TPA Certificate Fee: \$75

**Endorsement Application Fees**

Application Fee: \$300  
TPA Certificate Fee: \$75

\*\*Make check or money order payable to the Montana Board of OPTOMETRY (Fees can be combined into one check) DO NOT SEND CASH\*\*

**DOCUMENTS:**

Any documents submitted to the Board office to complete your license application should be 8-1/2"x11" **copies**.

**NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.**

## **ADDITIONAL DOCUMENTS TO BE SUBMITTED FOR AN APPLICATION TO BE CONSIDERED**

### **LICENSURE BY EXAMINATION - DOCUMENTS:**

- ◆ Official transcripts sent directly from an accredited School of Optometry
- ◆ Original National Board Examination Score card showing successful completion of Parts I, II III and TMOD, sent directly from the National Board of Examiners in Optometry (NBEO) to the Board office. (Examination results can be requested from NBEO by calling 1-800-969-3926 or online at [www.optometry.org](http://www.optometry.org))
- ◆ License verification(s) sent directly from the state(s) where you have held or hold a license verifying licensure status and any disciplinary action on the license sent directly to the Board office
- ◆ National Practitioner's Databank (NPDB) self-query. This form can be obtained by calling NPDB at 800-767-6732 or [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please send the original report to the Board office.
- ◆ Check or money order for the appropriate fees

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- ◆ Check or money order for the appropriate fees

### **EXAMINATION INFORMATION:**

Information regarding the National NBEO examination can be obtained by contacting the following:

National Board of Examiners in Optometry  
2005 College St. #1920  
Charlotte, NC 28202  
1-800-969-3926 or online at [www.optometry.org](http://www.optometry.org)

### **APPLICATION PROCEDURES**

- ◆ When a routine application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant will be notified if additional information is required or if the applicant will be required to appear before the Board during a regularly scheduled Board meeting.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

### **PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application approval takes approximately 14 days.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file. This delay may effect the processing time.
- ◆ Montana does not have temporary licensure for optometrists.

**For information with regard to the processing of this application or other concerns please contact the Board of Optometry staff at 406-444-5711 or email us at [dlibsdopt@mt.gov](mailto:dlibsdopt@mt.gov)**

PLEASE DOWNLOAD THE MONTANA LAWS AND RULES FOR THE PRACTICE OF OPTOMETRY ON OUR WEB SITE at [www.optometry.mt.gov](http://www.optometry.mt.gov)



10. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License Type	Issue Date	Expiration Date	Requested State Verification	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

11. **PROFESSIONAL EDUCATION:**

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

**PERSONAL HISTORY QUESTIONS  
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. *See, 37-1-105, MCA.*
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

### PERSONAL HISTORY QUESTIONS

- |                                                                                                                                                                                                                                                                   |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?                                                             | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?                                                                                                                                        | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?                                                                                    | Yes | No |
| 5. Have you ever withdrawn an application for any professional license?                                                                                                                                                                                           | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?                                                                                                | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)                                                                                                                                        | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?                                                                                            | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges?                                                                                                                                                                                                                                                                       | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?                                                                                                                                                                                                          | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?                                                                                                                                                                                                 | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?                                                                                                                                                                                                                | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?                                                                                                                                     | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?                                                                                                                                                                                          | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?                                                                                                                                                                                    | Yes | No |

**DECLARATION**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information , to the Montana Board of Optometry.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

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Signature of Applicant

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Date



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**REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE**  
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

**APPLICANT:** Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

**LICENSEE INFORMATION**

To Whom It May Concern:

I am applying for a license to practice Optometry in the State of Montana and the Board of Optometry requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

**Montana Board of Optometry**  
**PO Box 200513**  
**Helena, MT 59620-0513.**

Your prompt response is appreciated.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

Street or PO Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My License Number from your State is: \_\_\_\_\_ License Type: \_\_\_\_\_