

MONTANA BOARD OF OPTOMETRY
PO BOX 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena Montana 59620-0513
(406) 841-2202 FAX (406) 841-2305

EMAIL: dlibsdopt@mt.gov WEBSITE: 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 TMOD
- 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)
- ◆ 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
- ◆ Three reference letters of moral character (Relatives may not be used as references) (Form can be found with the application material)
- ◆ 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. 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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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

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.
- ◆ Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ 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 406-841-2391 or 2395 or email us at dlibsdopt@mt.gov

PLEASE DOWNLOAD THE MONTANA LAWS AND RULES FOR THE PRACTICE OF OPTOMETRY ON OUR WEB SITE at www.optometry.mt.gov

Application for Licensure as an Optometrist:

Examination Endorsement (already licensed in another state)

Allow 14 days for processing from the date the Board has a complete routine application

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. ORGANIZATION NAME _____

4. ORGANIZATION ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED METHOD OF CONTACT

ORGANIZATION HOME EMAIL ADDRESS _____

6. ORGANIZATION PHONE _____ HOME PHONE _____ FAX _____

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ MALE FEMALE

9. Indicate the National Examination Parts that you have taken and passed:

Part I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	
Part II	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	
Part III	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	
TMOD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	

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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

29. I have read and understand the statutes and rules of the Montana Board of Optometry. Yes No

30. PROFESSIONAL EDUCATION:

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

31. **PROFESSIONAL AND CHARACTER REFERENCES:** Please type or print names and addresses of three references. Use these reference names to send the reference forms for your character references.

	Name (Please type or print legibly)	Address	Telephone Number
1.			
2.			
3.			

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.

Signature of Applicant

Date

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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application.

Legal Signature of Applicant Date

(Please Type or Print)
Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Optometry. Your response will be kept confidential.

Name of reference: _____ Daytime phone: _____

Address: _____

Title/profession/position: _____

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain: Yes No

Do you consider this applicant worthy of approval to practice as an Optometrist in Montana? Yes No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

Signature of Reference Date

The Applicant and the Board thank you for your assistance.

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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: _____
