



State of Maine

MAINE BOARD OF OPTOMETRY
APPLICATION TO PRACTICE OPTOMETRY IN THE
STATE OF MAINE

Ck. # _____ Amt. _____
Ungrad. Trans. ___ O.D. Trans. ___
NBEO I _II_ III _TMOD_

NAME _____
Last First Middle Maiden

ADDRESS _____ TELEPHONE _____ day _____ evening

BIRTHPLACE _____ BIRTHDATE ____/____/____ SOCIAL SECURITY NUMBER ____-____-____
City State Mo Day Yr

EDUCATION

Graduation from _____ High School of _____ IN _____
City State Year

List in chronological order any college, university, or institution (other than optometry) that you have attended:
MONTHS AND YEARS NAME OF INSTITUTION DEGREE (if any)
_____, 19__ to _____, 19__
_____, 19__ to _____, 19__
_____, 19__ to _____, 19__

List in chronological order any college or university of optometry that you have attended:
MONTHS AND YEARS NAME OF INSTITUTION DEGREE (if any)
_____, 19__ to _____, 19__
_____, 19__ to _____, 19__
_____, 19__ to _____, 19__

Received Degree of optometry in _____ of 19__ from _____
Expect to receive the Degree of optometry on the ____ day of _____, 19__

Did you successfully pass the NBEO Part I? Yes___ No___ year passed _____ awaiting results _____
Did you successfully pass the NBEO Part II? Yes___ No___ year passed _____ awaiting results _____
Did you successfully pass the NBEO Part III? Yes___ No___ year passed _____ awaiting results _____
Did you successfully pass the TMOD Section? Yes___ No___ year passed _____ awaiting results _____

List all states, Territories, and Countries in which you have possessed a license to practice optometry (If none, so state)
Jurisdiction Date of issue Active/Inactive Years of practice

Using a separate 8 1/2" X 11" sheet of white paper signed, notarized, and dated, and enclosed with your application, respond to the following three items:

- 1. List in chronological order all professional experiences since optometry school, including all periods from the date of graduation until the present, whether or not engaged in activities related to optometry. Include military assignments.
2. Are you currently in active practice? Yes___ No___ If you have not actively practiced for the past six months, explain.
3. List optometric continuing education courses taken during the past two years.

PERSONAL DATA

Check the appropriate response. Any "yes" response must be fully explained by written statement on a separate 8 1/2" x 11" sheet of white paper, signed, notarized, and dated, and enclosed with your application.

HAVE YOU EVER:

- 1. Been denied optometric licensure in any state? 1. No ___ Yes ___
- 2. Possessed a license to practice optometry that was suspended, revoked, or subject to other disciplinary action? 2. No ___ Yes ___
- 3. Had your practice privileges restricted? 3. No ___ Yes ___
- 4. Had a physical or mental illness which necessitated the suspension of your optometric education or practice for more than 30 days? 4. No ___ Yes ___
- 5. Been arrested with or without conviction(s) for any offense including driving while intoxicated (i.e. "OUI", "DWI", "DUI") but not including other minor traffic violations? 5. No ___ Yes ___
- 6. Been formally noticed by a court of a pending (as of the date of this application) claim or suit alleging malpractice liability or settled by negotiation/arbitration, or court judgment any claim of malpractice liability in which you are/were named as a defendant by your insurance company/representatives without your express consent? 6. No ___ Yes ___
(Dismissals need not be reported.)

AFFIDAVIT OF APPLICATION

I, _____, first being duly sworn, depose and say that I am the person described and identified in this application. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial of my license to practice optometry in the State of Maine.

I hereby authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies to release to this licensing Board any information, files, or records required by this Board for its evaluation of my professional and ethical qualifications for licensure in the State of Maine.

I hereby authorize the Board of Optometry to transmit any information contained in this application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgment of the Board, has a legitimate interest in such information.

APPLICANT MUST SIGN FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC, WHO MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVER A PORTION OF THE PHOTOGRAPH.

RECENT PASSPORT PHOTOGRAPH IN THIS SPACE

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Signature _____

Notary seal must cover portion of photograph

Notary Public for the State of _____

My commission expires _____

(Signature of Applicant)