

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OPTOMETRY**

License Number
OE _____

REACTIVATION APPLICATION

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Email: _____

**State Board of Optometry
PO Box 2649
Harrisburg, PA 17105-2649**

License expired/inactivated: _____

Name Change	Address Change
For a change of name, indicate new name below and attach 8½ x11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or legal document indicating retaking of a maiden name, etc.	

- YES**, I have practiced this profession in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee(s) and applicable late renewal fees. See table at the bottom for appropriate fees.
- NO**, I have not practiced this profession at any time after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee. See table at the bottom for appropriate fee.
- I have the following liability insurance policy with the minimum of: \$ _____/occurrence and \$ _____/annual aggregate.
Ins. Co. Name _____ Policy No. _____ Expiration date: ____/____/____.
(COMPLETE THE ABOVE INSURANCE INFORMATION AND SUBMIT THE POLICY DECLARATION PAGE.)

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

YES	NO	If YES to 2, 3, 4 or 5 – provide details AND attach certified copies of legal document(s).
		1. Do you hold a license (active, inactive or expired) to practice this profession in any other state or jurisdiction? If "YES," list:
		2. Since your initial application or last renewal , whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?
		3. Since your initial application or last renewal , whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
		4. Since your initial application or last renewal , whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by court order.
		5. Since your initial application or last renewal , have your provider privileges been terminated by any medical assistance agency for cause?

Verification of Continuing Education – Check one:

- 1. I have completed at least 30 hours of PA Board-approved continuing education in the two years immediately preceding this application. If licensed for TPA, 6 hours were therapeutic courses. If licensed for glaucoma, 4 hours are in glaucoma and 2 are TPA.
COPIES OF CERTIFICATES OF ATTENDANCE ARE ENCLOSED (THIS IS MANDATORY – THE RENEWAL CANNOT BE PROCESSED WITHOUT THEM.)

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee: _____ Date: _____

Social Security Number (required by state law): _____ Date of Birth: _____

<p align="center">Fees-PAYABLE TO COMMONWEALTH OF PA Practicing in PA after the license expired</p> <p>1. Submit renewal fee of \$135.00 plus late fees. 2. LATE FEE - \$5.00 per month, or part of a month since the license expired.</p> <p>FEEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. PRACTICING ON AN EXPIRED LICENSE COULD RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p>	<p align="center">Fees-PAYABLE TO COMMONWEALTH OF PA Not practicing in PA after the license expired</p> <p>Submit renewal fee of \$135.00 FEEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.</p>
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State Board of Optometry
P. O. Box 2649
Harrisburg, PA 17105-2649

VERIFICATION OF PRACTICE / NON-PRACTICE

*** Your reactivation cannot be processed unless this page is completed ***

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

License Number: _____

Name of Profession _____

Date of Birth _____

Social Security Number _____

Optometry School _____ Graduation Date _____
Month Year

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating, THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

(Signature of Licensee)

(Date)