

STATE BOARD OF OPTOMETRY

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-7155
Fax: (717) 787-7769
Website: www.dos.pa.gov/opt
E-Mail: st-optometry@pa.gov

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

Reactivation Checklist

PLEASE NOTE: Licenses expire on November 30th of the even numbered year, regardless of reinstatement date.

- Fully completed Reactivation Application.
- Check or money order made payable to the "Commonwealth of PA" for the biennial renewal fee(s) and applicable late fees if necessary.
FEES ARE NOT REFUNDABLE. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
- Fully completed Verification of Practice/Non-Practice.
- Documentation of completion of the required number of continuing education hours. *Please review the Continuing Education Information below.*
- The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under § 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for reactivation of a license shall be required to complete 2 hours of Department of State/Board approved training in child abuse recognition and reporting requirements as a condition of reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)
- Proof of Insurance – copy of the Policy Declaration Page
Professional liability insurance policy with the minimum amounts for level of licensure (\$1,000,000/occurrence and \$3,000,000 annual aggregate for Therapeutics and Glaucoma licensees or \$200,000 per occurrence and \$600,000 annual aggregate for all other licensees).
- Provide a Self-Query from the National Practitioner Data Bank completed within 90 days of submission of this application to the Board. A Self-Query can be requested online at www.npdb.hrsa.gov by choosing "Place a Self-Query Order". When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)

Continuing Education Information

Reactivation Applications must be accompanied by proof of completion of at least 30 hours of continuing education, taken within two years of the date of reactivation. Please refer to §23.86 of the Board's regulations for approved "Sources of continuing education hours." If licensed for **Therapeutics**, 6 hours must be in therapeutic courses. If licensed for **Therapeutics and Glaucoma**, 4 hours must in glaucoma and an additional 2 hours must be in therapeutic courses.

Copies of certificates of attendance/completion must contain the following information:

- Your name
- Date of course/program
- Number of continuing education hours earned
- Course approval number and/or a statement that the course/program was offered by an approved provider (see §23.86 of the Board's regulations for approved "Sources of continuing education hours.")

STATE BOARD OF OPTOMETRY

Reactivation Application

Licenses expire on November 30th of the even numbered year, regardless of reinstatement date.

PLEASE PRINT						
Full Name	Last	First	Middle			Send to: State Board of Optometry P.O. Box 2649 Harrisburg, PA 17105-2649 <i>Courier address for mailing services requiring a street address:</i> State Board of Optometry 2601 North Third Street Harrisburg, PA 17110
Address						
Address						
Address	City	State	Zip			
Email						
License No.	OE					

Name Change			
For a name change, indicate new name below and attach and 8 ½ x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, court order, etc.).			
New Name	Last	First	Middle

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to questions 2 through 11 – provide details AND attach copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered YES to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession. _____ _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, include any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		8. Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?

YES	NO	If YES to questions 2 through 11 – provide details AND attach copies of legal document(s).
		9. Since your initial application or last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		10. Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		11. Since your initial application or last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

Check one applicable statement

- YES**, I have practiced as an optometrist in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee of \$135.00 and applicable late renewal fees (\$5.00 per month or part of the month after the expiration date).
- NO**, I have not practiced as an optometrist in Pennsylvania at any time after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee of \$135.00.

FEE – Check/money order payable to “COMMONWEALTH OF PENNSYLVANIA”. Write your license number on your payment. FEES ARE NOT REFUNDABLE. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Professional Liability Insurance

- I have professional liability insurance policy with the minimum amounts for my level of licensure (\$1,000,000/occurrence and \$3,000,000 annual aggregate for Therapeutics and Glaucoma licensees or \$200,000 per occurrence and \$600,000 annual aggregate for all other licensees) **(YOUR REACTIVATION APPLICATION CANNOT BE PROCESSED WITHOUT PROOF OF INSURANCE. CHECK THE BOX NEXT TO THIS STATEMENT AND SUBMIT A COPY OF THE POLICY DECLARATION PAGE.)**

Verification of Continuing Education

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

I verify that this application 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 under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature (**Mandatory**): _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Optometry School: _____ Graduation Date: _____
Month, Year

NOTE: If the application process (license reactivation) has not occurred within six months from the date the application was signed, the applicant will be required to resubmit the application and any supporting documentation.

If the application process has not been completed within one year from the date it was received, applicants will be required to submit another application, processing fee and supporting documents.

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	
License No.	OE
Profession	Optometrist

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)