

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Department of Health



**Department of Health**  
**Health Care Licensing & Customer Service Division**  
**Board of Optometry**

**APPLICATION INSTRUCTIONS AND FORMS**  
**FOR AN OPTOMETRY LICENSE**  
**IN THE DISTRICT OF COLUMBIA**

Your interest in becoming licensed as an optometrist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for an optometry license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

**THE APPLICATION PROCESS**

Upon submission of the required application documents, the DC Board of Optometry will review your application. The Board of Optometry meets quarterly – March, June, September, and December. Upon final Board approval, you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HPLA's processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

**WHERE TO FILE**

All license application documents should be sent to the following address:

Department of Health  
Health Professional Licensing Administration  
Board of Optometry  
899 North Capitol Street, NE  
Washington, DC 20002

If you have any questions, call HPLA's **toll-free** Customer Service line at 1-877-672-2172 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

**FILING DEADLINES AND EXAMINATIONS**

All applicants must pass the national examination administered by the National Board of Examiners prior to submitting an application for licensure. It is your responsibility to file correctly, completely, and on time. Applications submitted with incorrect fees or without required signatures will be returned to the applicant.

## **Pending License Applications**

Pending license applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit a new application and pay the required fee once again.

## **GENERAL REQUIREMENTS FOR ALL APPLICANTS**

All applicants for an Optometry license (Diagnostic Pharmaceutical Agent - DPA or Therapeutic Pharmaceutical Agent - TPA) in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude, which, bears directly on the applicant's fitness to be licensed.

### **All applicants must submit the following in order to be considered for licensure:**

3. A complete and signed application, including required supporting documents.
4. Two recent and identical passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.
5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
6. \*Verification of Licensure (if you are or have been actively or inactive licensed in another jurisdiction).
7. Three (3) professional character references must be submitted with the application.

\*NOTE: Verification of licensure is required, regardless of self-employment, from the state in which the license was issued.

## **ADDITIONAL REQUIREMENTS FOR DPA or TPA Authorities**

1. Demonstrate to the satisfaction of the Board that the applicant is a licensed Optometrist.
2. Has completed a course approved by the Board in general or ocular pharmacology that meets the requirements of section 207 of the Act, DC Code 2-2330.7 by arranging for the institution to submit a transcript to the Board.
3. Proof that the DPA - Diagnostic Pharmaceutical Agent: DPA applicant has passed the Treatment and Management of Ocular disease (TMOD) section of the examination administered by the National Board of Examiners in Optometry or other examination approved by the Board, by arranging for the test results to be submitted directly to Board.
4. Proof that the TPA - Therapeutic Pharmaceutical Agent: TPA applicant has passed the Treatment and Management of Ocular Disease (TMOD) section of the examination administered by the National Board of Examiners in Optometry or other examination approved by the Board, by arranging for the test results to be submitted directly to Board.

## EDUCATIONAL REQUIREMENTS IN THE U.S.

1. An applicant for a license to practice optometry must have received a doctoral degree in optometry from an institution accredited, at the time the degree was conferred, by the Council on Optometric Education of the American Optometric Association (ACOE).
2. Applicants must arrange for a certified transcript of their educational program to be sent directly from the educational institution to the Board.

## EXAMINATION REQUIREMENTS

1. An applicant must receive a passing score on the examination administered by the National Board of Examiners in Optometry (NBEO) (National Exam) and must arrange for his/her examination results to be sent directly from the testing service to the Board. The passing score on the national exam is the passing score set by the National Board of Examiners in Optometry on each test that forms a part of the examination.

## PRACTICE OF OPTOMETRY BY STUDENTS

1. Students must fulfill educational requirements.
2. Students can practice with the general supervision of only a licensed optometrist or ophthalmologist.
3. At least 10% of the supervised practice during any one-month must be under immediate supervision where the optometrist or ophthalmologist is physically with the student and either discussing or observing the student's practice.

## COMPLETING THE LICENSE APPLICATION

### Section 1. Requested License Type / Fees

- a. Two methods for becoming licensed in the District of Columbia are outlined below. The abbreviation and description for each origin is indicated below in parenthesis. Check the correct method of the "Requested License Type /Fees" in section 1 of your new license application.

Examination (E)                      Successful completion of the NBEO Examination (3 Parts) and meet other requirements.

Endorsement (N)                      Hold a license in good standing in another state or territory of the United State with standards, which, are comparable to DC's requirements and successful completion of the National Boards of Examiner in Optometry Examination and meet other requirements.

- b. The abbreviation for the license type for which you are applying on the "Prefix" line provided on the application. Check the corresponding license description with the correct method in section 1 of the new license application. See the following description:

License Abbreviation	License Description
OP	Optometrist

- c. Authorities are as follows:

Authority	Description
DPA	Diagnostic Pharmaceutical Agent
TPA	Therapeutic Pharmaceutical Agent

- c. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer, and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed on the next page.

### FEE MATRIX

Line	License Type	Specialty Codes	Possible License Origins (Methods)		Application / Specialty Fee	License Fee	Total Due
			Examination	Endorsement			
1.	OP		X	X	\$85*	\$203*	\$288
2.	OP	DPA only – Does not hold a TPA authority	X	X	\$85	\$348	\$433**
3.	OP	TPA -DPA is automatically given to a TPA holder	X	X	\$85	\$348	\$433**
4.	OP	DPA and/or TPA	X	X	\$85	\$348	\$288***

\* - The application fee of \$85 and the license fee of \$203 are only paid once, when specialties are obtained at the same time the original license is issued. For example, if obtaining DPA specialty at the same time of the new license application, the total amount due would be \$288. When adding a DPA specialty to an existing license, the total amount due would be \$433.

\*\* - If applying for a DPA or TPA specialty and/or both on a separate application only, to an existing license.

\*\*\* - If applying for an Optometry license and a DPA authority or both DPA and TPA. Authorities.

- a. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (for \$34 fee each, etc.). Check the "duplicate license" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**

DC Optometry licenses expire on March 31 of even numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to the Board of Optometry at the address noted under "Where to File" on page 1. Without an updated address, you may not receive your renewal notice.

## **Section 2. Applicant Name / Demographic Information**

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age.

## **Section 3. Supporting Documents Required**

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with you application package or requested to be sent under separate cover to the Board of Optometry.

Place an "X" in the "NO" box for each item that does not apply for the license type for which you are applying. Keep a photocopy of all supporting documents for your records.

## **Section 4. Previous Names**

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, or court order.

## **Sections 5A. & B. Home Address / Business Address**

Include both your home and business addresses in the sections provided. If you provide a PO box for one of the addresses, a street address is required for the other address. You are required by regulation to report all changes of your business or residence address to HPLA staff on behalf of the Board of Optometry. Should you fail to advise HPLA of your current addresses, you may not receive your renewal notice.

## **Section 5C. Preferred Mailing Address**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

## **Section 6A. Professional/Trade Schools Attended**

List all schools that you have attended (including professional and trade schools) in reverse chronological order, beginning with the most recent at the top.

## **Educational Requirements in Foreign Countries**

1. The Board may grant a license to practice optometry to an applicant who has completed an educational program in an educational institution not accredited by the Council on Optometric Education of the American Optometric Association in a foreign country if the applicant:
  - a. Has received a doctoral degree in optometry.

b. Demonstrate to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of the Health Occupations Revision Act. Requirement met by submitting with the application a certification from a private education evaluation service approved by the Board that the applicant's foreign education is substantially equivalent to the education required by Chapter 64, Title 17, DCMR.

2. If any document is in a language other than English, the applicant must arrange for its translation into English by a translation service approved by the Board. The translator attesting to its accuracy must sign the translation.

### **Section 6B. Work Experience**

List all experience since graduation from college or university, or trade school; in reverse chronological order, beginning with the most recent. Use the key provided to describe the "Type of Position."

### **Section 6C. Professional Licenses In Other States / Jurisdictions**

List all jurisdictions in which you have ever been licensed.

If you are licensed in another jurisdiction, a verification of licensure form must be submitted directly to the DC Board of Optometry by all the applicable state boards.

### **Section 7. Screening Questions**

If you answer "no" to question A or "yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

### **Section 8. Licensee Affidavit**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

## **SUMMARY OF APPLICATION REQUIREMENTS**

On the next page is a chart showing the application submission requirements for all application methods. The law governing optometry licensure in the District of Columbia is *DC Law 12-261 "Second Omnibus Regulatory Reform Amendment Act of 1998."* The regulations governing optometry licensure are included in DC Municipal Regulations Title 17, Chapter 64. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Optometry if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

## **ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HPLA's website at [www.dchealth.dc.gov](http://www.dchealth.dc.gov) or call HPLA's customer service number at 1-877-672-2172. The form numbers that make up this package are:

- Optometry, Application
- Optometry, Municipal Regulations
- Optometry, New License Instructions
- Certificate of Moral Character
- Signed Statement
- Verification of Licensure Form
- Professional Character Reference Form

**SUMMARY OF SUBMISSION REQUIREMENTS  
FOR DC OPTOMETRY LICENSES**

License Type	Application Method	Specialty Codes	Signed Statement	School Transcript	Exam Results	Moral Character/Supplemental Information Form	2"x 2" Photos	Verification of Licensure <sup>1</sup>	Professional Character Reference Letters (3)	Check or Money Order <sup>2</sup>
OP	Exam	None	X	X	X	X	X	O	X	\$2881
OP	Endorsement	None	X	X	X	X	X	X	X	\$288
OP	Exam	DPA	X	X	X	X	X	O	X	\$230
OP	Endorsement	DPA	X	X	X	X	X	X	X	\$230
OP	Exam	TPA	X	X	X	X	X	O	X	\$230
OP	Endorsement	TPA	X	X	X	X	X	X	X	\$230
OP	Exam	DPA & TPA	X	X	X	X	X	O	X	\$433
OP	Endorsement	DPA & TPA	X	X	X	X	X	X	X	\$433

**X = Required**

**O = Not required**

<sup>1</sup> If you are licensed or have been licensed in another jurisdiction, a verification of licensure must be submitted directly to the DC Board of Optometry by the applicable state boards.

<sup>2</sup> Check or money order **MUST** be made payable to DC Treasurer.