

## Registration Renewal Addendum Optometry

**Continuing Education:** Each optometrist registered to practice in the State of New York is required to complete continuing education. **(check all that apply):**

- I am authorized to use topical therapeutic pharmaceutical agents and therapeutic pharmaceutical agents for treatment of glaucoma and ocular hypertension. I understand I am required to complete 36 hours of continuing education with a minimum of 27 hours of live courses and no more than 9 hours of self-study courses.
- I am authorized to use oral therapeutic agents. I understand I am required to complete 54 hours of continuing education with a minimum of 36 hours of live courses and no more than 18 hours of self-study courses.

A continuing education fee of \$45 per triennium has been added to the registration fee. Licensees must maintain documentation of their completed required continuing education for a period of six years and be subject to audit by the New York State Education Department. Do not send any continuing education documents with this addendum.

**The following instructions are ONLY for those individuals who have NOT met the continuing competency requirements. Individuals who have NOT met the continuing competency requirement MUST choose one of the following options and return this form with their Registration Remittance Document and fee (if required). Your signature indicates agreement with the terms of the option you have selected.**

1.  I do not intend to practice in New York State and am requesting that my registration be placed in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for the registration fee or the continuing education requirement. If you intend to resume practicing in New York State, you must meet certain continuing education requirements prior to reactivating your registration. **You may not practice optometry in New York State if you are not registered.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ License number \_\_\_\_\_  
Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_  
Fax number \_\_\_\_\_ Email \_\_\_\_\_

2.  I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to the following four items:

1. pay the full registration fee for the one-year conditional registration;
2. complete, by the conclusion of the one-year conditional registration period, the continuing education hours you are lacking from your previous registration period;
3. complete, as directed by the State Board for Optometry, the regular continuing education requirement during the one-year conditional registration period; and
4. provide proof of course completion and pay the full registration fee for the remaining two years of your registration when the conditional registration expires.

Prior to the end of the one-year conditional registration period, you will be sent a Registration Remittance Document that you must complete and submit with the fee and proof of course completion before you will receive a registration for the remaining two years. Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ License number \_\_\_\_\_  
Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_  
Fax number \_\_\_\_\_ Email \_\_\_\_\_

3.  I request an **ADJUSTMENT** to the continuing education requirements for registration.

Adjustments to the continuing education requirement may be granted by the Department for reasons of personal illness documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or extreme hardship. A **written explanation** documenting the circumstances which prevented compliance with Education Law **must be included** with this form. If you are granted an adjustment and are not completing the required continuing professional education, you cannot practice in New York State.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ License number \_\_\_\_\_  
Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_  
Fax number \_\_\_\_\_ Email \_\_\_\_\_

**Submit this addendum and documentation (if required) with your registration remittance document to the address below:**

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Optometry  
New York State Education Department  
89 Washington Avenue, Second Floor  
Albany, New York 12234-1000

Telephone: 518-474-3817 ext. 591

Fax: 518-473-0567

E-mail: [optombd@nysed.gov](mailto:optombd@nysed.gov)