

Section II: Verification of Licensure/Certification (Please print or type)

INSTRUCTIONS TO THE LICENSING AUTHORITY: Please complete items 1-4, sign and date the certification and return both pages of this form **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.**

1 Name of applicant: _____
(see item 6 in Section I)

2 Professional title on license/certificate: _____
License/certificate number: _____ Date of licensure/certification: _____ / _____ / _____
mo. day yr.

3 If the applicant was licensed/certified as an optometrist in your jurisdiction, was he/she licensed/certified without passing the NBEO examination?
 Yes No

If **yes**, please explain: _____

4 A. Has the applicant been subject to any disciplinary action? Yes No

B. Are any charges pending against this individual? Yes No

If the answer to either of these questions is "yes," please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Title: _____

Licensing authority: _____

Address: _____

(SEAL)

Telephone: _____

Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Optometry Unit, 89 Washington Avenue, Albany, NY 12234-1000.