



Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

Board of Optometry

PO Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

OPTOMETRIST ENDORSEMENT APPLICATION PACKET

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OPTOMETRIST BY ENDORSEMENT INSTRUCTIONS

*** Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.***

If you have been licensed in another state for AT LEAST 5 years, you must submit:

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Optometry.
2. Applicants for an optometrist license in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you just prescribe controlled substances at more than one location, you only need one controlled substance license.
4. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Optometry from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**
5. All applicants for optometry licensure must take and pass the 32-question jurisprudence examination. The passing score on the exam is 75% (24/32). The jurisprudence examination is included in the application packet and must be completed and returned with your application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Optometry and in Article 15, parts 161 and 174 of the Michigan Public Health Code.

If you have been licensed in another state for less than 5 years, you must submit:

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Optometry.
2. Applicants for an optometrist license in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.

OPTOMETRIST BY ENDORSEMENT INSTRUCTIONS CONTINUED

3. A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you just prescribe controlled substances at more than one location, you only need one controlled substance license.
4. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Optometry from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**
5. Arrange for final, official transcripts that show your doctor of optometry degree and the date it was conferred, to be submitted directly to the Board office from your school.
6. Overall passing scores on Parts I, II and III of the National Boards must be sent directly from NBEO (www.optometry.org).
7. All applicants for optometry licensure must take and pass the 32-question jurisprudence examination. The passing score on the exam is 75% (24/32). The jurisprudence examination is included in the application packet and must be completed and returned with your application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Optometry and in Article 15, parts 161 and 174 of the Michigan Public Health Code.

APPLICANTS SEEKING DIAGNOSTIC PHARMACEUTICAL AGENTS (DPA) AND THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) CERTIFICATION MUST SUBMIT:

1. A copy of your current certificate showing successful completion of a course in advanced cardiac life support or a course in basic life support.
2. The completed Management and Emergency Plan form. Be sure to make a photocopy of this form to keep permanently in your office. Submit the ORIGINAL, signed plan with the application.
3. The Verification of Diagnostic Pharmaceutical Agents (DPA) Training Form. Section I of the form must be completed and returned to this office by the Director of the DPA educational program or the Registrar of the institution where the training was completed.
4. The Verification of Therapeutic Pharmaceutical Agents (TPA) Training Form. Section I of the form must be completed and returned to this office by the Director of the TPA educational program or the Registrar of the institution where the training was completed. **YOU MUST HAVE DPA CERTIFICATION TO OBTAIN TPA CERTIFICATION.**

Please Note:

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

APPLICATION FOR ENDORSEMENT

Please select the license you are applying for from the list below:

Optometrist by Endorsement Fee: \$121.20 [71-4901-09]
 Optometrist with DPA Fee: \$121.20 [71-4901-09] \$75.75 [71-4901-11] Total Fee: \$196.95
 Optometrist with DPA & TPA Certification Fee: \$121.20 [71-4901-09] \$75.75 [71-4901-11] \$75.75 [71-4901-11] Total Fee: \$272.70
 Optometrist with DPA & TPA Certification & Controlled Substance Fee: \$121.20 [71-4901-09] \$75.75 [71-4901-11] \$75.75 [71-4901-11] \$85.85 [71-5315-3757] Total Fee: \$358.55

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules by the Department.

1. Demographic Information

First Name:		Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:	
Street Address:		Apt/Bldg #:	
City:	State:	Zip Code:	
Country:			
Phone Number:		Email Address:	
Have you ever held a health professional license in any profession in Michigan?			Yes No
If yes, list your Permanent I.D./License Number:			
Expiration Date:			
Have you ever been known under any other name? If yes, list name(s):			Yes No
Will documents be received under any other name? If yes, list name(s):			Yes No

Full Name:

2. Personal Data Questions

- | | |
|---|-----------|
| 1. Have you ever been convicted of a felony?

If yes, please explain | Yes
No |
| 2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

If yes, please explain | Yes
No |
| 3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

If yes, please explain | Yes
No |
| 4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

If yes, please explain | Yes
No |
| 5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

If yes, please explain | Yes
No |
| 6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

If yes, please explain | Yes
No |
| 7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

If yes, please explain | Yes
No |
| 8. Have you ever been treated for substance abuse in the past 2 years?

If yes, please explain | Yes
No |

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name:

3. Professional Education

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted

3. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES.** (Attach additional sheets if necessary.)

Yes
No

State/Country	Permanent License/Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

4. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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MANAGEMENT AND EMERGENCY PLAN

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg #:
City:	State:	Zip Code:
Permanent I.D. Number:	Date of Plan Completion	

REFERRALS: List the names and addresses of at least three physicians (M.D. or D.O.), physician clinics, or hospitals in Michigan to whom you will refer patients with adverse drug reactions. Be sure at least one is skilled or specializes in the diagnosis or treatment of the eye (board eligible or certified ophthalmologist). An optometrist may include the patient's primary care physician in the plan, but shall not substitute the patient's primary care physician for a physician named in the plan who specializes in the diagnosis and treatment of diseases of the eye.

Name of Ophthalmologist	Telephone Number
Street Address	City, State Zip Code

Name of Second Referral	Telephone Number
Street Address	City, State Zip Code

Name of Third Referral	Telephone Number
Street Address	City, State Zip Code

PLAN: The following management plan will be in operation in my office:

1. I will refer patients with an adverse drug reaction to appropriate medical specialists or facilities.
2. I will routinely advise each patient, and so note in their record, to contact me if the patient experiences an adverse drug reaction.
3. I will place information in each patient's permanent record describing any adverse drug reaction experienced by the patient, and the date and time any referral was made.
4. A COPY OF THIS MANAGEMENT AND EMERGENCY PLAN WILL BE KEPT IN MY OFFICE.

Signature of Applicant _____ Date _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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VERIFICATION OF THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) TRAINING

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Applicant Instructions: Please complete the information in Section I and mail this form to the school of Optometry where you trained in the didactic and clinical use of therapeutic pharmaceutical agents (TPA's).

First Name:	Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:
Street Address:		Apt/Bldg #:
City:	State:	Zip Code:
Michigan Permanent I.D./License Number:		Expiration Date:
All Previous Names and/or Birth Names Used (if applicable)		
Signature of Applicant _____		Date _____

SECTION II - VERIFICATION OF TRAINING

School of Optometry The applicant listed above is seeking certification to use and prescribe TPA's in Michigan. Please complete Section II and the certification below concerning training received by the applicant. When the form is complete, mail it directly to the Board of Optometry at the address shown above.

Name of School	Telephone Number	
Street Address		
City	State	Zip Code
Dates of Training From: _____		To: _____

CERTIFICATION

I certify that the applicant named above has completed a minimum of 10 quarter hours or 7 semester hours of credit or 100 classroom hours of study, in courses relating to the didactic and clinical use of therapeutic pharmaceutical agents related to optometry.

Authorized Signature (Dean, Registrar, etc.) _____	Date _____
_____ Type or Print Name and Title	(SCHOOL SEAL)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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VERIFICATION OF DIAGNOSTIC PHARMACEUTICAL AGENTS (DPA) TRAINING

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Applicant Instructions: Please complete the information in Section I and mail this form to the school of Optometry where you trained in the use of topical ocular diagnostic pharmaceutical agents (DPA's).

First Name:	Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:
Street Address:		Apt/Bldg #:
City:	State	Zip Code:
Michigan Permanent I.D./License Number:		Expiration Date:
All Previous Names and/or Birth Names Used (if applicable)		
Signature of Applicant _____		Date _____

SECTION II - VERIFICATION OF TRAINING - School of Optometry The applicant listed above is seeking certification to use topical ocular DPA's in Michigan. Please complete Section II and the certification below concerning training received by the applicant. When the form is complete, mail it directly to the Board of Optometry at the address shown above.

Name of School	Telephone Number	
Street Address		
City	State	Zip Code
Dates of Training From: _____		To: _____

CERTIFICATION

I certify that the applicant named above has completed a minimum of 60 classroom hours in general and clinical pharmacology with not less than 30 of the 60 classroom hours being allocated to ocular pharmacology and emphasizing the systemic effects of, and reactions to, topical ocular diagnostic pharmaceutical agents, including the emergency management and referral of any adverse reactions that may occur.

The doctor named above has also successfully completed an examination on general and ocular pharmacology as it relates to the practice of optometry, with particular emphasis on the use of topical ocular diagnostic pharmaceutical agents, including emergency management and referral of any adverse reactions that may occur.

Authorized Signature (Dean, Registrar, etc.)	Date
Type or Print Name and Title	(SCHOOL SEAL)

OPTOMETRY LAWS & RULES EXAMINATION

Name _____ SSN _____

Please clearly print your name and Social Security Number in the above spaces. Circle your answers for each test question. Be sure to read the statement at the end of the examination and sign your name on the last page before sending it to the Board Office along with your application. The passing score is 75% (24/32).

1. The governing body for licensed optometrists in Michigan is the
 - a. Michigan Board of Optometry.
 - b. Michigan Optometric Association.
 - c. American Optometric Association.
 - d. Michigan Department of Licensing and Regulatory Affairs.

2. After initial licensure renewal, an optometrist's license **MUST** be renewed every _____ year(s).
 - a. 1
 - b. 2
 - c. 3
 - d. 4

3. Ethical conduct of an optometrist is defined as
 - a. advising the patient whenever consultation with an optometric colleague or referral to other professional care seems advisable.
 - b. verifying frame specifications and power of all lenses processed from his/her prescriptions to protect the patient against errors.
 - c. avoiding holding himself/herself forth in such a manner as to carry the slightest intimation of having superior skill or equipment or being superior to other optometrists.
 - d. all of the above

4. Patient records must be retained by an optometrist for at least
 - a. 3 years.
 - b. 5 years.
 - c. 7 years.
 - d. 10 years.

5. If an optometrist has made a false representation of material fact when applying for a license,
- the optometrist may be denied licensure.
 - no action will be taken until the license is renewed.
 - the optometrist may not supervise any employees.
 - the optometrist will be required to attend additional continuing education courses in ethics.
6. Which of the following is **INCORRECT** regarding “supervision” as defined in the Public Health Code? The supervisor
- must be physically present at the practice location at all times.
 - must review the work of the supervised individual on a regularly scheduled basis.
 - must further educate the supervised individual in the performance of the individual's assigned duties.
 - must be continuously available for direct communication, either personally or by radio, telephone, or telecommunication.
7. According to the Michigan Public Health Code, Karen Murray, a licensed optometrist practicing in Michigan, may use all of the following titles EXCEPT
- Dr. Karen Murray.
 - Karen Murray, O.D.
 - Dr. Karen Murray, Optometrist.
 - Karen Murray, Doctor of Optometry.
8. By law, a certificate of licensure for an optometrist
- does not have to be displayed.
 - must be kept on file in the office personnel files.
 - does not have to contain any notification of any limitation.
 - shall be displayed in a prominent place visible to the public.
9. Which of the following shall be considered board-approved continuing education?
- COPE approved programs
 - Courses or programs from approved optometry schools
 - Continuing education programs that have been granted approval by another state board of optometry.
 - All of the above

10. An optometrist who has DPA/TPA certification may administer certain prescription drugs in the management of patients who
- need a dilated fundus examination.
 - require Schedule 4 pain medication.
 - have chronic open-angle glaucoma.
 - all of the above
11. In Michigan, the scope of practice for optometrists is determined by
- Michigan state law.
 - the Michigan Board of Optometry.
 - the Michigan Optometric Association.
 - the Department of Licensing and Regulatory Affairs.
12. In order for an optometrist to receive continuing education credits, all continuing education programs **MUST**
- be held in the state of Michigan.
 - assess the competency of those in attendance.
 - be sponsored by the Michigan Optometric Association.
 - be approved by the Michigan Board of Optometry.
13. A name or address change for a licensed optometrist must be reported to the Michigan Board of Optometry, not more than _____ days after it occurs.
- 10
 - 30
 - 60
 - 90
14. An emergency treatment plan
- requires that the optometrist refer a patient to at least two physicians or clinics for emergency treatment.
 - is used to refer patients who present with a medical condition that is not within the optometrist's scope of practice.
 - must be approved by the Board of Optometry in order to become certified to administer topical ocular diagnostic or therapeutic pharmaceutical agents.
 - must be submitted to the Board of Optometry within one year after the DPA/TPA certificates are issued.

15. Sanctions may be levied against an optometrist for which of the following situations?
- Substance abuse
 - Physical inability to practice in a safe manner
 - Prescribing drugs for other than optometric treatment purposes
 - All of the above are correct
16. How many total hours of continuing education credits are required to renew an optometrist's license in Michigan?
- 12 hours within 1 year
 - 30 hours within 2 years
 - 40 hours within 2 years
 - 50 hours within 3 years
17. The emergency treatment plan for management and referral of patients who experience adverse drug reactions requires an optometrist to
- routinely advise each patient to immediately contact the optometrist if the patient experiences an adverse drug reaction.
 - refer patients who notify the optometrist of an adverse drug reaction to appropriate medical specialists or facilities.
 - place information in the patient's permanent record that describes any adverse drug reaction and the date and time that any referral was made.
 - all of the above
18. Which of the following statements is true? A licensed optometrist
- must report to the department any licensed health care professional that they believe is impaired.
 - is liable in a civil action for damages resulting from failure to report to the department any licensed health care professional that they believe is impaired.
 - is only required to report a licensed health professional that they believe is impaired to the department if the health professional is also a licensed optometrist.
 - who fails to report any licensed health care professional that they believe is impaired to the department is not subject to any administrative disciplinary action.
19. The ultimate purpose of the Michigan Board of Optometry is to
- collect licensing fees.
 - protect the public's health, safety and welfare.
 - meet with members of other health care professions.
 - report occupational infractions to the Bureau of Health Professions.

20. In order to renew a Michigan optometrist license, an optometrist who is DPA/TPA certified must obtain how many hours of continuing education credits specifically in pharmacological management of ocular conditions?
- a. 10
 - b. 12
 - c. 15
 - d. 20
21. While treating a patient, an employed optometrist is
- a. solely liable for any act of negligence.
 - b. concurrently liable with the employer for any act of negligence.
 - c. completely relieved from responsibility for any act of negligence.
 - d. automatically insured against any liability for any act of negligence.
22. An optometrist may receive a maximum of how many hours in board approved continuing education relating to self-evaluation journal tests and multimedia and online education?
- a. 10
 - b. 18
 - c. 20
 - d. 24
23. Patient records must contain which of the following?
- a. The name of the examining optometrist.
 - b. The chief complaint or reason for the examination.
 - c. The management disposition.
 - d. All of the above
24. A person who practices optometry under a suspended, revoked, or fraudulently obtained license, or outside the provisions of a limited license, or uses the license of another person as his or her own is guilty of
- a. a felony.
 - b. malpractice.
 - c. a misdemeanor.
 - d. impersonation.

25. An optometrist shall retain documentation of meeting continuing education requirements for _____ years from the date of applying for license renewal.
- a. 2
 - b. 4
 - c. 5
 - d. 7
26. An optometrist may receive a maximum of how many hours of approved continuing education relating to practice management?
- a. 4
 - b. 9
 - c. 12
 - d. 15
27. Which of the following is an invasive procedure that an optometrist is prohibited from performing in Michigan?
- a. The use of therapeutic ultrasound
 - b. The use of lasers other than for observation
 - c. The administration of medication by injection
 - d. All of the above
28. An optometrist who has had a license revoked may
- a. not practice optometry.
 - b. practice only in a state hospital.
 - c. may apply for reinstatement after one year.
 - d. practice optometry under the direct supervision of another optometrist.
29. An employee under the direct supervision of an optometrist performs negligent treatment. In this situation, which of the following statements is **TRUE**?
- a. The employee is not responsible.
 - b. The supervising optometrist is not responsible.
 - c. The supervising optometrist is liable for sanction.
 - d. No disciplinary action can be taken in this situation.

30. According to the Michigan Public Health Code, a licensed optometrist can delegate certain tasks to an unlicensed individual. Tasks that can be delegated include
- the responsibility of writing a prescription.
 - selected tasks performed under the licensed optometrist's supervision.
 - tasks that allow the unlicensed individual to work independently without supervision.
 - tasks that demand the same level of education, skill and judgment as required of a licensed optometrist.
31. An optometrist whose license has been lapsed (not active or renewed) for less than three years may be re-licensed by
- submission of the appropriate application and fees.
 - taking and passing the Board's jurisprudence examination.
 - submission of 40 hours of board-approved continuing education that were earned in the 2 years prior to the date of the application.
 - both a and c are correct.
32. Dr. Watson is an optometrist who was first licensed in Michigan in July 2007. The first date he had to renew his license was June 30, 2008. Between July 2007 and June 30, 2008, Dr. Watson needed to accumulate _____ hours of continuing education in order to renew his license for the first time.
- 0
 - 6
 - 12
 - 18

I certify that the answers provided on this examination are mine alone. Due to the confidential nature of this examination, I will not copy or retain examination questions, or transmit them in any form to any other person.

Signature of Applicant

Date

Please print out the Application (pages 5-7), the Management and Emergency Plan form (if applicable, page 8) the Verification of Therapeutic Pharmaceutical Agents form (TPA) Training (if applicable, page 9), the Verification of Diagnostic Pharmaceutical Agents (DPA) Training form (if applicable, page 10) and the Michigan Laws and Rules Examination (pages 11-17). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Optometry
PO Box 30670
Lansing, MI 48909

APPLICATION CHECKLIST INSTRUCTIONS

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

1. Demographic Information: Social Security Number: Please list only a United States Social Security number.

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

2. Personal Data Questions: All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation in the space provided on your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

3. Professional Education: List your current or completed professional school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

4. License in Other State(s) and/or Province(s): List all states/provinces where you have held an optometrist license or registration. Indicate method of licensure - examination or endorsement.

5. Certification: You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Applications and mail are processed as quickly as possible in date-received order.
3. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
4. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
5. Supporting documentation will not be accepted if faxed into our office.
6. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Michigan Board of Optometry in writing to request a partial refund.
7. If your name and/or address changes please notify the Board of Optometry in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Optometry, Application Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board approved program.
CONTINUING EDUCATION UNIT (CEU)	A CEU is a continuing education unit, which consists of ten continuing education credits/hours.
ENDORSEMENT	Application made by an individual who holds an original license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and/or a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services Health Professions Licensing Division Board of Optometry, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Michigan Board of Optometry will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming June 30 renewal date. Each subsequent license will cover a full two-year cycle.

Q. Do I have to earn continuing education for this first license?

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, a Michigan optometrist must earn at least 40 hours of continuing education in courses or programs approved by the Board with at least one of those hours in pain management. If an applicant holds certification to administer topical ocular diagnostic pharmaceutical agents or certification to administer and prescribe therapeutic pharmaceutical agents, or both, shall accumulate at least 20 hours of Board-approved continuing education in pharmacological management of ocular conditions. The Michigan Board does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a four year period in case you are audited by the Michigan Board.

Q. How do I renew my license?

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Division	www.michigan.gov/healthlicense
Michigan Board of Optometry Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Renewal Website	www.michigan.gov/elicense

LINKS:

National Board of Examiners in Optometry	www.optometry.org
Identogo	www.identogo.com