

**Government of the District of Columbia
Department of Health
Health Professional Licensing Administration**



BOARD OF OPTOMETRY

Request for Verification of State Licensure

Name of Applicant _____

Social Security Number _____

License Number _____

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Optometry of the District of Columbia for a license to practice Optometry. The applicant claims to be currently licensed to practice Optometry in your state and claims the above license number. This request is being forwarded to you to verify that the applicant is currently licensed and is in good standing to practice Optometry in your state.

Please complete and return this form to:

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

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.

Verification of State Licensure in Optometry

This document certifies that _____ (name of applicant) is the holder of a license in good standing to Optometry in the state of _____.

License Number _____ was issued on _____ (date of issuance).

Is the license current? Yes No

Please provide the expiration date: _____

Issue basis: Examination Endorsement Reciprocity Waiver

Applicant was examined after submitting a diploma conferring the degree of _____ (type of degree) from _____ (name of education institution).

Has license ever been surrendered, suspended, or revoked? Yes No

If yes, has it been reinstated? Yes No (Please give full particulars on the reverse side of this form.)

Has applicant taken and passed the national examination in Optometry? Yes No If yes, what year?

Does your state grant licenses in Optometry to licensees from the District of Columbia without further examination? Yes No

Remarks: _____

On behalf of the State of _____ Board of Optometry, I certify that the above statements are correct.

Signature of Authorized Official

Date

Name and Title of Authorized Official (please print or type)

(SEAL)