



OPTOMETRY RENEWAL APPLICATION

OP RENEWAL BEGINS ON JANUARY 1, 2012! LICENSES EXPIRE MARCH 31, 2012

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HPLA's toll-free Customer Service line Monday through Friday, 8:15AM to 4:40PM EST at 1-877-672-2174. A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 4 on Page 2.

PRINT Full Name & home address: License Number: \*SSN: Birth date: Other Address: Phone: Fax: E-mail:

Please select your preferred mailing address; [ ] Home [ ] Business

Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), applicants are required to provide a Social Security Number (SSN) on licensure applications.

SECTION 2. SPECIAL INSTRUCTIONS

NEW REQUIREMENT: STATE & FBI CRIMINAL BACKGROUND CHECKS (CBC) REQUIRED FOR LICENSURE RENEWAL CBC BY DC METROPOLITAN POLICE DEPARTMENT (MPD):

- Submit renewal application and application fee (\$203) for your optometry license and an additional \$145 for your DPA or TPA authority. And a CBC fee (\$50), payable to DC Treasurer. Attached Live-Scan Fingerprint Appointment Request Form, to schedule an appointment with the DC MPD. Once confirmation of your scan is emailed to us by DC MPD your license will be renewed.

CBC IN JURISDICTION OUTSIDE OF THE DISTRICT OF COLUMBIA:

- Submit renewal application and application fee (\$203) for your optometry license payable to DC Treasurer. Optometrists with DPA or TPA authority pay an additional \$145 to renew their DPA or TPA authority for a total of (\$348). Go to your local law enforcement agency and request a State Police Clearance. Send state clearance results by email, fax or mail to HPLA (see below), once received your license will be renewed. Also request to be fingerprinted on a FBI Applicant Fingerprint card (FD-258). In the "Reason Fingerprinted" block of the FD-258, write in "License, HPLA/CBC Unit; 899 North Capitol Street, NE, Washington, DC 20002." Mail the Fingerprint card (FD-258) to the FBI along with a money order or cashier's check for \$18.00 made payable to the Treasury of the US to: FBI CJIS Division – Record Request; 1000 Custer Hollow Road; Clarksburg, WV 26306 The FBI will mail the results of the background check to you. Do not open the envelope. Submit the results of your CBC in a sealed envelope to HPLA/CBC Unit (see address below).

If we receive a positive State or FBI CBC, you will be asked to provide court papers.

Late Renewal: Applications submitted after March 31st must include \$85.00 late fee; After June 1st, you will be required to apply for reinstatement of your license. You may reinstate your license within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must meet the Board's requirements to reapply.

Continuing Education Requirement: Optometrists without any authorities must complete twenty-four (24) hours of approved continuing education credits. Optometrists with Therapeutics Pharmaceutical Agent and Diagnostics Pharmaceutical Agent Authorities TPA or DPA must complete thirty (30) hours of Continuing Education Credit.

Continuing Education Requirement is NOT required for 1st time renewal applicants.

Photos Will Not Be Required: If you don't currently have a picture on your pocket license, submit two (2) identical, recent passport photographs. On the back of the photos write your full name and either your license number or Social Security Number.

Online Renewal Instructions: To renew your license online go to: www.hpla.doh.dc.gov. Enter your Social Security Number and Last Name, then go to the next screen and enter your User ID and Password.

Keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify the BOP of any address change within 30 days of the change. You may send address changes to the address below. This will help ensure that you receive your next renewal notice in a timely manner.

SECTION 3. LICENSE RENEWAL AND FEES – Select the type of action you wish to take for your license.

Table with columns for action type (A-H), fee amount, and quantity. Includes options for Renewal fee, TPA or DPA renewal fee, CBC (DC MPD) fee, CBC (Other jurisdiction), Paid Inactive Status, Late fee, Cancel license or Deceased, and Duplicate Licenses.

Make check or money order payable to DC Treasurer and mail to: Department of Health/HPLA - Board of Optometry, 899 North Capitol Street, NE; 1st Floor, Washington, D.C. 20002. Phone: 1-877-672-2174; Fax: 202-724-8471. www.hpla.doh.dc.gov \* Email: doh.cbcu@dc.gov

Total Enclosed \$ \_\_\_\_\_ .00

Notes: \* If you cancel your license, you must sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number. \* If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.

