Alaska Statute 08.72.110 states that no person may practice optometry in the state without first obtaining an Alaska license.

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application. (If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division.)

When submitting fees, make check or money order payable to the State of Alaska.

All licenses expire December 31 of even-numbered years regardless of when first issued, except permanent licenses issued within 90 days of the December 31 expiration date will be issued to the next biennium.

EXAMINATION ON ALASKA STATE LAW:

The Alaska State Optometry Law Examination is an open book examination and covers the material contained in the board’s statutes and regulations under AS 08.72 and 12 AAC 48.

When all application documents have been received and your application appears complete, your application will be mailed to board members for review (applications are sent to the board on the 1st and 15th of each month). Generally, the board review is completed within three weeks.

Upon board approval of your application, you will be sent the law examination for completion.

Upon passage of the law examination, a license will be issued.

ALL LICENSEES:

The following documents must be on file with the department before the board will review your application:

1. A completed, notarized application.
2. Fees: $50.00 Nonrefundable Application Fee
   $50.00 State Law Examination Fee
   $200.00 Initial License Fee
   $20.00 Wall Certificate Fee (optional)
3. Authorization for Release of Records (form 08-4232a)
4. Official transcript sent directly from an approved college of optometry indicating OD degree.
5. Two notarized letters of reference — use form 08-4232b.
6. Official Verification of Licensure sent directly from each jurisdiction in which you hold or have held a license to practice optometry – use form 08-4232c.
7. Verification of your current employment status and disciplinary history from each federal agency where you are, or have been, employed as an optometrist, if applicable.
LICENSE BY EXAMINATION:

In addition to the requirements for all licensees, a licensee seeking licensure by examination must also provide:

1. Passing scores on all parts of the written and practical examination administered by the NBEO taken within 5 years of the date of application and sent directly to the division from the NBEO (part I, II, III and TMOD).

2. If the date of the final NBEO score was greater than 2 years from the date of application, submit documentation of 36 hours of continuing education (per 12 AAC 48.210).

LICENSE BY CREDENTIALS:

In addition to the requirements for all licensees, a licensee seeking licensure by credentials must also provide:

1. Passing scores on an NBEO examination taken at any time sent directly to the division from the NBEO.

2. Affidavit certifying at least 3,120 hours of active licensed clinical practice experience in optometry within 36 months preceding the date of application, signed by a licensed health care professional who is familiar with your practice – use form 08-4232d.

3. Official verification of licensure sent directly from each state, territory or province of the United States or Canada that has equivalent licensing requirements, in which you hold or have held a license to practice optometry – use form 08-4232c. Note: You may be required to provide proof of additional education if you are licensed in a state that does not have licensure requirements equivalent to Alaska. The possible additional education requirements are 23 hours in oral ocular pharmaceuticals, 7 hours of injection training and 20 hours of glaucoma education.

GENERAL INFORMATION

SPECIAL ACCOMMODATIONS FOR EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed “Application for Examination Accommodation for Candidates with Disabilities” form. This form is available on the division’s Website: www.commerce.state.ak.us/occ or contact the division to request the form.

SOCIAL SECURITY NUMBERS

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the “Request for Exception from Social Security Number Requirement” form located on the division’s website at: www.commerce.state.ak.us/occ or contact the division to request the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOAN

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION

Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division’s website at: www.commerce.state.ak.us/occ under “Professional Licensing Search.”

STATUTES AND REGULATIONS

The complete set of Board of Examiners in Optometry Statutes and Regulations is available on the board’s website at: www.commerce.state.ak.us/occ/popt.htm. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

DENIAL OF APPLICATION

Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.

08-4232 (Rev. 06/04/10)
APPLICATION FOR OPTOMETRY LICENSE

NONREFUNDABLE APPLICATION FEE: $  50.00
STATE LAW EXAMINATION FEE: $  50.00
INITIAL LICENSE FEE: $ 200.00
WALL CERTIFICATE (OPTIONAL): $   20.00

INSTRUCTIONS TO APPLICANT

All information requested in this application must be supplied by the applicant. Each question must be answered fully, truthfully, and accurately. Any omissions, or inaccuracies are grounds for disapproval and rejection. Type or print all requested data.

Are you applying for:  ☐ Licensure by Examination  ☐ Licensure by Credentials

Do you hold current license to practice optometry in another state or province of Canada? ............ ☐ Yes  ☐ No
Have you passed Parts I, II, III, and TMOD of the NBEO exam within 5 years of the application …… ☐ Yes  ☐ No

Name in full ________________________________  Last First Middle Maiden name or other AKA ________________________________

Mailing address ________________________________  City ________________________________  State ________________  ZIP Code ________________

Daytime telephone ________________________________  E-mail Address ________________________________

S.S. No. ________________________________  Date of birth ________________________________  Gender: ________________________________

(Required by AS 08.01.060)

Have you ever practiced optometry in the State of Alaska? .......................................................... ☐ Yes  ☐ No
If yes, Please explain: ..................................................................................................................

EDUCATION

College or University ________________________________  City and State ________________________________

Years of attendance ________________________________  Degree type and date ________________________________

School of Optometry ________________________________  City and State ________________________________

Dates attended ________________________________  Degree type and date ________________________________

PERSONAL DATA – AS 08.72.240

ALL “yes” answers to the following questions must be explained in detail on a separate sheet of paper. Please attach official documents as appropriate.

1. Have your professional license in any state or jurisdiction ever been denied, revoked, suspended, surrendered (voluntary or involuntary), stipulated, on probation, or been subject to any restriction, censure, reprimand, or other disciplinary action? .......................................................... ☐ Yes  ☐ No

2. Are you the subject of a pending disciplinary proceeding conducted by an optometry licensing entity in another jurisdiction? .......................................................................................................................... ☐ Yes  ☐ No

3. Have you ever been convicted of any criminal offense, other than minor traffic violations (convictions include suspended imposition of sentence)? .................................................................................................................................................................................. ☐ Yes  ☐ No

4. Are you now or have you been in the last five years treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? .......................................................................................................................................................................................... ☐ Yes  ☐ No

5. Are you now or have you been in the last five years addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs? .......................................................................................................................................................................................... ☐ Yes  ☐ No

6. Do you have a physical disability or illness, which could affect your ability to practice as an optometrist? …… ☐ Yes  ☐ No

Please be aware that all information supplied with this application will be available to the public, unless required to be kept confidential pursuant to state or federal law.

08-4232 (Rev. 06/04/10)
LIST ALL JURISDICTIONS IN WHICH YOU HOLD OR HAVE HELD LICENSES TO PRACTICE OPTOMETRY

<table>
<thead>
<tr>
<th>State Board</th>
<th>License Number</th>
<th>Original Date of Issue</th>
<th>Expiration Date</th>
<th>Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TPA □ DPA □ Orals □ Injections □ Glaucoma □ Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TPA □ DPA □ Orals □ Injections □ Glaucoma □ Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TPA □ DPA □ Orals □ Injections □ Glaucoma □ Other</td>
</tr>
</tbody>
</table>

OCCUPATIONAL HISTORY (Past Five Years Only – Attach Additional Page if Needed)

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Full Address</th>
<th>Dates of Employment</th>
<th>Type of Practice (self, group private practice, commercial, HMO, military, other)</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHARACTER AND PROFESSIONAL REFERENCES (Indicate three)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Two reference letters (attached 08-4232a) must be completed by two persons who have knowledge of your character and professional abilities.

PROFESSIONAL STATUS (List memberships in good standing of Optometric Societies.) Name/Location

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ATTACH RECENT PHOTOGRAPH (Taken within the last six months)

No larger than 3 x 3

Signature of applicant

NOTICE: Portion of the Notary Seal must overlie the photograph

SUBSCRIBED AND SWORN to before me this _________ day of _________________________, 20__________.

Notary Public

08-4232 (Rev. 06/04/10) My Commission Expires: ________________________
Authorization for Release of Records

To Whom It May Concern:

I, ____________________________________________

residing at ______________________________________

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my employment, and educational records, and records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of the records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for licensure as an optometrist and expires one (1) year from the date of my signature below.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

SIGN HERE

Signature of Applicant

Date

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.
REFERENCE

I certify that I am acquainted with or have knowledge of _______________________________ Name of Applicant

from _______________________________ to _______________________________. I recommend

______________________________

______________________________

______________________________

______________________________

________________________________

Printed Name

________________________________

Signature

________________________________

Title

________________________________

Address

________________________________

Daytime Telephone

________________________________

E-mail Address

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of _______________________________

this _______ day of ______________________________, 20_____.

________________________________

Notary Public

My Commission Expires: ______________________________

08-4232b (Rev. 06/04/10)
REFERENCE

I certify that I am acquainted with or have knowledge of ___________________________ Name of Applicant
from ___________________________ to ___________________________. I recommend
Month Day Year Month Day Year
the applicant as being professionally capable, reliable, and worthy of confidence, and I provide the following
personal statement(s):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Printed Name

Signature

Title

Address

Daytime Telephone

E-mail Address

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of ___________________
this ______ day of ____________________, 20_ ______.

Notary Public

My Commission Expires: ___________________
VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO THE OPTOMETRY BOARD(S) IN ALL JURISDICTIONS WHERE YOU ARE OR HAVE BEEN LICENSED.

I am applying to the Alaska Board of Examiners in Optometry for a license to practice optometry. The board requires certification of the status of my license in each jurisdiction in which I hold or have held licenses.

Last Name First Name Middle  
Mailing Address  License Number  
City State  ZIP Code  E-mail Address  

Daytime Phone Number  

I hereby request and authorize the State of to provide any and all pertinent information requested in this form to the Alaska State Board of Examiners in Optometry to complete an application filed with that agency.

Applicant Signature     Date  

TO STATE BOARD Please complete the bottom half of this form and return it directly to the Alaska State Board of Examiners in Optometry at the address listed above.

Licensing Jurisdiction  
Name of Licensee  
License #: Original Issue Date: Expiration Date: Periods of Lapse:  

Licensed By (reciprocity, examination, etc.) If by examination, what examination did the licensee pass?  

Is licensee authorized to prescribe all topical pharmaceutical agents for therapeutic purposes (TPA)? Is licensee authorized to prescribe all oral pharmaceutical agents for therapeutic purposes (TPA)? Is licensee authorized to prescribe all glaucoma pharmaceutical agents for therapeutic purposes (TPA)? Is licensee authorized to perform injections with pharmaceutical agents for therapeutic purposes (TPA)?  

Has the license ever been revoked, suspended (voluntary or involuntary), placed on probation, or restricted in any way? Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action?  

If yes, please enclose an explanation or documentation.  

Comments  

Printed Name  
Signature  
Title  

08-4232c (Rev. 06/04/10)  
Date Phone Number
Dear ____________________________:

I am applying for a license to practice optometry in the State of Alaska. I am required to provide verification of clinical practice. Please provide the information requested below to the State of Alaska at the address shown below. Thank you for your assistance.

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
State Board of Examiners in Optometry
P.O. Box 110806
Juneau, Alaska 99811-0806

Applicant Signature: ________________________________
Applicant Printed Name: ________________________________
Daytime Phone: ________________________________

The information below must be completed and sent directly to the division by a licensed health care professional who is familiar with the applicant’s practice; it may not be completed or returned by the applicant.

*AS 08.72.170 requires having been engaged in the active licensed clinical practice of optometry for at least 3120 hours within the 36 months immediately preceding the date the application is received by the department for licensure in Alaska.

I, ________________________________, was associated with ________________________________ (Name of Applicant) at ________________________________ (Name of Institution/Professional Clinic, etc.) from ________________________________ to ________________________________. I further attest that the above-named applicant was employed and provided optometric services for at least 3120 hours within the past 36 month period from ________________________________ to ________________________________. (See above explanation for required time period of licensed clinical practice.)
The State of Alaska believes a license to practice optometry carries important responsibilities. Please comment on the applicant’s qualifications, ability, character, etc.:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

___________________________________________________________________________

Signature

Printed Name

Title – OD, MD or Other          License Number (required)          State

Name of Institution/Clinic Where Employed

Address

Business Telephone

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of __________________________
this ______ day of ______________________, 20_______.

___________________________________________________________________________

Notary Public

My Commission Expires: ____________________________

NOTARY SEAL

Please return completed form to:

Division of Corporations, Business and Professional Licensing
Board of Examiners in Optometry
P.O. Box 110806
Juneau, AK 99811-0806

08-4232d (Rev. 06/04/10)