Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov



Board for Hearing Aid Specialists and Opticians OPTICIANS LICENSE REINSTATEMENT APPLICATION Fee \$225.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

1.	Provide your e	xpired Opticia	ns License nu	mber a	and e	xpirati	on da	ate b	elow:							
	Virginia Licer	nse Number	1 1 0	1					Exp	oiratio	on D)ate*				
	If your license of Virginia. If y	L	to provide proof	of conti	inuous	s, active	e, ethi	ical aı	' inuous, nd legal	active I prac	e, ethi ctice c	– ical and of opto	metry	outside	Virgir	nia, you canno
2.	Full Legal Nam	ne (As it appea	ars on your gov	ernmer	nt issu	led ID	or oth	ner le	gal doc	cumei	ntatio	on.)				
	Last (required)		First	(required	d)				N	/liddle						Generation
3.	Provide at leas	st <u>one</u> of the fo	llowing identif	ication	ı num	ıbers*	:									
	Social Se	ecurity Number	r and/or						-] - [
	□ Virginia!	DMV Control Nu	umber				$\overline{\top}$	T	\top							
		me identification nur		kaminatio	n, prev	/ious apr	<u>l</u> olicatio	ns or I	icenses /	on file	with th	he depa	rtment			
	* State law red	quires every applicate monwealth to provide	nt for a license, cer	tificate, r	egistra	tion or of	ther au	uthoriz	ation to e	engage	e in a l	busines	s, trade	e, profess		occupation issued
4.	Date of Birth															
		MM/DD/Y	YYY													
5.	Maiden or Forr	mer Name(s)														
6.		ss (PO Box acc ng address will be on the license.														
7.	Street Address		• •	City	Check	here if S	Street <i>i</i>	Addres	ss is the <u>s</u>	same a	as the	Mailing	Addre	State ss listed	above.	Zip Code
				City										State		Zip Code
8.	Contact Numb	ers	Primary Telepho					Altorn	ate Teler	nhana					Fax	,
0	Email Address		Pilillaly releption	ле				Allem	ale reie	JIIOHE					Ιά	i
9.	Ellidii Auuless		Email address	is consi	idered	a nublic	reco	rd an	d will be	discl	nsed	unon r	eanes	t from a	third	narty
10.	Did your Virgin	nia Ontician Lic										•	•			purij.
10.		If no, skip to qu		IUI E II	laii ∠	.4 11101	Iliio d	ıyu,	Dut 163	55 unc	311 00	U IIIOi	Iliis c	iyu:		
	Yes	ΙΙ ΙΙΟ, ΣΚΙΡ ΙΟ Ψι	JESHOH # 12.													
	163															
OFFICE	DATE	FEE	TRANS CODE		ENTITY	#				FILE	E #/LICE	ENSE #				ISSUE DATE
USE ONLY			4020				1	10	1							

11.	 Vhich requirement have you met in order to qualify for reinstatement of your Virginia Optician License? (Select one.) Continuous, active, ethical and legal practice of Opticianry outside Virginia Completion of a board-approved review course which measures current competence
	School Name & Location
	Date Enrolled Date Completed
	<u>Required Attachment(s)</u> : Documentation verifying completion of the requirement you select must accompany this reinstatem application.
12.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulat hody? No Yes If yes, complete the <u>Disciplinary Action Reporting Form</u> .
13.	 Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction. No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
	B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of United States of any missemeanor ? Any plea of nolo contendere shall be considered a conviction. No Yes If yes, complete the Criminal Conviction Reporting Form.
By si a <i>Vir</i> the C and I who profe	In the Suits ing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you have a Optician License, you understand that this application serves as a written power of attorney, whereby you apposed to return of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your truful agent attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served a hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade ion practiced; and that by submitting this application you hereby agree that any lawful process against you which eved on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.
14.	 I am aware that submitting false information or omitting pertinent or material information in connection with tapplication will delay processing and may lead to license revocation or denial of license. I will notify the Board of any changes to the information provided in this application prior to receiving requested license, certification, or registration including, but not limited to any disciplinary action or conviction a felony or misdemeanor (in any jurisdiction). I authorize the Department to verify information concerning me or any statement in this application from a person, or any source the department may contact. I also agree to present any credentials or docume required or requested by the Department. I authorize any federal, state or local government agency, current or former employer, or other individual business to release information which may be required for a background investigation. I have read, understand and complied with all the laws of Virginia related to this profession under the provision of Title 54.1, Chapter 15, of the Code of Virginia and the Virginia Board for Hearing Aid Specialists a Opticians; Optician Regulations.
	Signature Date