



# BOARD OF OPTOMETRY

335 Randolph Avenue • Suite 210 • St. Paul MN 55102

Telephone (651) 201-2762 • Fax (651) 201-2763

<http://mn.gov/boards/optometry/> • [optometry.board@state.mn.us](mailto:optometry.board@state.mn.us)

## APPLICATION BY ENDORSEMENT INSTRUCTIONS

### APPLICATION

Complete the enclosed application and submit to the Board office, along with the application total fee of \$282.00. Check only for submission of paper application made payable to the "Minnesota Board of Optometry". **FEES ARE NON-REFUNDABLE.**

### CRIMINAL BACKGROUND CHECK

The Minnesota Board of Optometry is statutorily required to complete a Federal and State Criminal Background Check prior to issuing your license. In Minnesota, a formal application to the Board will initiate this separate processing conducted by another agency, the Criminal Background Check Unit (CBC). It may add three to four weeks to complete the CBC and application to the license process. Once you apply online or the paper application is received, the Criminal Background Check Unit will contact you by email with directions to complete the CBC. The \$32.00 fee is added to your application and there is no additional fee. The Minnesota Board of Optometry will be informed of the results and move your application forward. **Complete your CBC as soon as possible as it can take four weeks to process the fingerprints.**

### LEVEL LICENSURE STATEMENT

All Minnesota Licensed Optometrists must meet therapeutic certification standards (TPA) and considered as meeting nationally recognized TMOD requirements. This level licensure standard is all inclusive of any former education including, but not limited to DPA, TPA certifications if the Minnesota licensed OD is currently or initially licensed after January 1, 2013. One license certificate is issued which encompasses DPA, TPA and full licensure as a Minnesota Licensed Optometric Doctor, OD.

### REGISTRATION FORM

Complete the license registration form and submit to the Board office.

### SUPPORTING DOCUMENTATION (as stated in application)

- a. **Certified transcripts of non-optometric college education** must be sent directly from your school or college.
- b. **Certified transcript of optometric education** (must show degree conferred) and must be sent directly from your school or college of Optometry.
- c. **Certified copy of NBEO Examination results**, Part I, Part II, Part III and TMOD must be sent directly to the board office from the NBEO. This is typically completed through NBEO when you acknowledge states to receive your scores. Contact NBEO if you are uncertain.
- d. **State Law Exam**, this examination can be completed prior to the Board's review of your application. Results are valid for 1 year from completion.
  - i. Applicants need to take the Minnesota Law Examination online through the National Board of Examiners in Optometry (NBEO) <https://www.optometry.org/law.cfm>. This is an open book exam. Based on MN Statutes 148.52 through 148.62, 145.711 through 145.714 and MN Rules 6500.0100 through 6500.3000
- e. **License Verification**, if currently or previously licensed in another state(s), contact each jurisdiction to have a License Verification sent to the Minnesota Board. Minnesota accepts all other state board of optometry's license verification issued directly by the state.
- f. **Name Changes**, the name you enter must exactly match the name on the supporting documents, or documentation of formal name change must be submitted.

Board staff will review your initial information and determine the appropriate application track and required documents you will be required to submit. Applicants will receive an email to log into your account and items will be listed as met/unmet on the online licensee record.



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## APPLICATION BY ENDORSEMENT

DATE OF APPLICATION: \_\_\_\_\_

### INSTRUCTIONS TO APPLICANT

1. Answer all questions completely, accurately, and legibly or the application will be returned.
2. The name you enter must exactly match the name on the supporting documents, or documentation of formal name change must be submitted.
3. Required fee must accompany application. **FEE IS NON-REFUNDABLE.**
4. Failure to answer all questions completely and accurately, and/or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.

*TO: The Minnesota Board of Optometry*

*I hereby make application for registration to practice optometry in the State of Minnesota and submit the following statement concerning my birth, preliminary and optometry education and practice.*

### YOUR CURRENT NAME AND ADDRESS

FULL LEGAL NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY	STATE OR PROVINCE	ZIP CODE	COUNTY
HOME PHONE	OTHER PHONE/CELL	GENDER	PREVIOUS NAME, IF CHANGED
SOCIAL SECURITY OR ALEIN REGISTRATION NUMBER		OE TRACKER NUMBER	
EMAIL ADDRESS			

### \*\*\*\*\*FOR BOARD USE ONLY\*\*\*\*\*

APPLICATION #	CHECK/RECEIPT #
LICENSE #	AMOUNT PAID

<b><i>RECORD OF BIRTH</i></b>			
DATE OF BIRTH	CITY OF BIRTH	COUNTY OF BIRTH	STATE/PROVINCE OF BIRTH

<b><i>PRELIMINARY EDUCATION</i></b>				
NAME OF HIGH SCHOOL	CITY	STATE/PROVINCE	FROM DATE	TO DATE
NAME OF COLLEGE	CITY	STATE/PROVINCE	FROM DATE	TO DATE
NAME OF COLLEGE	CITY	STATE/PROVINCE	FROM DATE	TO DATE
NAME OF COLLEGE	CITY	STATE/PROVINCE	FROM DATE	TO DATE
TYPE OF DEGREE RECEIVED	NAME OF ISSUING SCHOOL		DATE DEGREE RECEIVED	
TYPE OF DEGREE RECEIVED	NAME OF ISSUING SCHOOL		DATE DEGREE RECEIVED	

<b><i>OPTOMETRIC EDUCATION (OPTOMETRY SCHOOL MUST BE APPROVED BY BOARD)</i></b>			
NAME OF SCHOOL	CITY	STATE/PROVINCE	GRADUATION DATE

<b><i>PRACTICAL EXPERIENCE</i></b>			
NAME OF FACILITY	LOCATION	FROM DATE	TO DATE
NAME OF FACILITY	LOCATION	FROM DATE	TO DATE
NAME OF FACILITY	LOCATION	FROM DATE	TO DATE

<b>STATES/PROVINCES TO WHICH YOU HAVE MADE APPLICATION</b>			
STATE/PROVINCE	DATE OF APPLICATION	BASIS FOR APPLICATION	
		<u>Examination</u> <input type="checkbox"/>	<u>Endorsement</u> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

<b>STATES/PROVINCES IN WHICH YOU ARE OR HAVE BEEN REGISTERED OR LICENSED</b>					
<b>You must have each state complete a license verification form.</b>					
STATE/PROVINCE	LICENSE NUMBER	DATE ISSUED	EXPIRATION	HOW OBTAINED	
				<u>Examination</u> <input type="checkbox"/>	<u>Endorsement</u> <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>MEMBERSHIP IN PROFESSIONAL SOCIETIES AND ORGANIZATIONS</b>		
NAME OF ORGANIZATION	FROM DATE	TO DATE

<b>DOCUMENTATION TO BE SUBMITTED</b>
<p>Certified transcripts of non-optometric college education.</p> <p>Certified transcript of optometric education (must show degree conferred).</p> <p>Certified copy of NBEO examination results: Part I, Part II, Part III and TMOD sent directly from NBEO.</p> <p>Results of State Law Exam sent directly from NBEO.</p> <p>License Verification if currently or previously licensed in another state(s) sent directly to the board.</p>

**IN ANSWERING THE FOLLOWING QUESTIONS, PLEASE CHECK THE APPROPRIATE ANSWER NEXT TO EACH QUESTION. IF NECESSARY, ATTACH ADDITIONAL SHEETS TO PROVIDE SUFFICIENT DETAIL. YOU MUST ANSWER ALL QUESTIONS WITH “YES” OR “NO”.**

**YES      NO**

<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Mental and physical health:</p> <p>Have you been diagnosed and/or treated for any mental, physical or cognitive condition that may affect your ability to practice with reasonable skill and safety and have not reported the condition or illness to the Health Professionals Services Program (HPSP) or similar program? If you are participating in HPSP or similar program, for purposes of this application, you may answer “no” to this question.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>2. Substance Use:</p> <p>Have you been diagnosed and/or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and have not reported the condition or illness to the Health Professionals Service Program (HPSP) or similar program? If you are participating in HPSP or similar program, for purposes of this application, you may answer “no” to this question.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>3. Criminal Conduct:</p> <p>Have you been charged with and/or convicted of any misdemeanor, gross misdemeanor, or felony crime including, but not limited to, any crime related to the use of alcohol or drugs?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>4. Investigation by agency or board:</p> <p>Have you been notified that a complaint has been filed against you, that you are under investigation, that you have been disciplined and/or that you have been denied a license by a state or federal agency or regulatory board?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>5. Malpractice:</p> <p>Are you aware of any malpractice actions pending against you or of any malpractice settlements or judgments against you?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Termination:</p> <p>In any paid or unpaid job, have you been terminated, resigned in lieu of termination, or been subjected to disciplinary action by your employer due to any conduct that may be grounds for disciplinary action by a state or federal agency or regulatory board?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>7. DHS or DHHS Disqualification:</p> <p>Have you ever received notification from Minnesota or other States Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General, that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I validate that by affirming “YES” that:</p> <ol style="list-style-type: none"> <li>1. I am a graduate of an approved college of optometry after May 1, 1993 and;</li> <li>2. I have completed a course certification of 100 hours of approved study in the use of legend drugs or my accredited college of optometry has certified through NBEO that this education was included in my optometric curriculum and;</li> <li>3. I will request validation of the TMOD examination scores to be sent directly to the board.</li> </ol>

***TENNESSEN WARNING (Minn. Stat. § 13.04)***

The Minnesota Board of Optometry is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. Â§ 13.01 et seq. Minn. Stat. Â§ 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for licensure as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to provide this information, but failure to do so may result in the denial of this licensure application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) the data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities that have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

***RIGHTS OF SUBJECTS OF DATA***

This application is authorized by MN Stat. 148.57 and will be used to determine your qualifications for licensure. Although you may refuse to supply the information requested in this application, failure to provide the requested information will result in the denial of licensure.



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### OPTOMETRY LICENSE CERTIFICATE

Please complete this form, with the requested information, for the printing of your official license to practice optometry in the State of Minnesota.

I would like the following information to appear on my Minnesota Optometry License:

Name \_\_\_\_\_ O.D.  
PLEASE PRINT

A letter, wall certificate and license card will be mailed to you after your application is reviewed and license issued, indicating the license number assigned to you. This documentation will serve as evidence that you have met the licensure requirements of the State of Minnesota and have the authority to practice optometry in the State of Minnesota.