

## REINSTATEMENT APPLICATION INSTRUCTIONS

Please thoroughly review these materials before submitting your application. All application fees are non-refundable. The Board reserves the right to reject any outdated applications submitted.

### MN Rule 6500.2900 REINSTATEMENT OF LICENSE.

Subpart 1. Requirements. After a former licensee complies with the requirements in this part, the license shall be reinstated. Any person desiring the reinstatement of a license shall:

- A. submit to the board a completed application on a form provided by the board;
- B. submit with the application the fee of up to three prior renewal periods and the applicable late fees, if the person has not held an active license in any state during the three calendar years preceding the date of the application;
- C. include with the application a letter stating the reasons for applying for reinstatement;
- D. retake and pass the Minnesota jurisprudence; and
- E. demonstrate satisfaction of Minnesota continuing education requirements for the three years prior to application, except that if the person holds an active license in any state on the date the person applies for reinstatement, the person may demonstrate proof of compliance with the continuing education requirements of the state or states in which the person is licensed for the three calendar years preceding the date of the application in lieu of demonstrating compliance with Minnesota continuing education requirements.

If the individual is licensed in another state or states, the individual must also demonstrate that the individual's license has been active and in good standing in all states in which the individual is licensed for the three years prior to application.

A completed application file consists of:

1. Completed Reinstatement Application with fee of \$282.00. Check only made payable to "Minnesota Board of Optometry". **FEE IS NON-REFUNDABLE.**
2. A letter stating the reasons for applying for Reinstatement.
3. License verification form from all states where you are or have been licensed.
4. MN State Jurisprudence Examination with passing score. Applicants need to take the Minnesota State Jurisprudence Examination through the National Board of Examiners in Optometry (NBEO) [www.optometry.org](http://www.optometry.org).
5. Proof of continuing education requirement can be OE Tracker report, photocopies of certificates of attendance or statement from the active licensure state(s) stating compliance with all continuing education requirements.
6. Copy of legal document supporting a legal name change only if original license was issued in a different name

### Level Licensure Statement

All Minnesota Licensed Optometrists meet therapeutic certification standards (TPA) and are 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 O.D. 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).

### 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). Initial results indicate this may add three to four weeks to complete the CBC and application to the license process. Once your application is received, the Criminal Background Check Unit will contact you 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.

### QUESTIONS

If you have specific questions about the application process, please call 651-201-2762, fax 651-201-2763, or email [optometry.board@state.mn.us](mailto:optometry.board@state.mn.us)

Address all written correspondence to:

Minnesota Board of Optometry  
335 Randolph Avenue Suite 210  
St. Paul MN 55102



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)  
Hearing Impaired-Minnesota Relay Service 1-800-627-3529

## APPLICATION FOR REINSTATEMENT

1. Review complete instructions.
2. Answer all questions completely, accurately, and legibly **or** the application will be returned.
3. The name you enter must be your full legal name.
4. All addresses must include zip code if requested on the application.
5. Required fee must accompany application. **FEE IS NON-REFUNDABLE.**
6. Failure to answer all questions completely and accurately, and/or an omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.
7. Attach additional sheet if necessary.
8. Immediately inform the Board of any changes in application information.

**Application Date**

\_\_\_\_\_  
(month/day/year)

**TO: The Minnesota Board of Optometry:**

**I hereby make application for a license to practice optometry in the State of Minnesota and submit the following statements.**

### **YOUR CURRENT NAME AND ADDRESS**

Full Legal Name (Last, First, Middle)		Previous Name, if changed		Gender
Street Address				
City	State or Province	Zip Code	Country	
Contact Phone	Other Phone/Cell	Email		
Social Security or Alien Registration Number		OE Tracker Number		

### **FOR BOARD USE ONLY**

Date Received \_\_\_\_\_ Check #: \_\_\_\_\_  
Amt Paid: \_\_\_\_\_ Deposit #: \_\_\_\_\_  
Returned (Incomplete/Incorrect Fees/Other): \_\_\_\_\_

**APPLICANT'S RECORD OF BIRTH**

Date of Birth (Month/Day/Year)	City of Birth	State of Birth	Country of Birth
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**OPTOMETRY EDUCATION**

Name of College/University	City	State/Province	Date Degree Conferred
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**STATES/PROVINCES IN WHICH YOU ARE OR HAVE BEEN LICENSED**

You must have each state complete a license verification form and send it to the board office.

State/Province	License #	Date Issued	Expiration Date

**PRACTICE LOCATIONS**

State below all places you have practiced, stating whether self-employed or employed.

Name of Facility, Address, & Phone Number	From (Month/Year)	To (Month/Year)	Self- employed/Employed?
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Name of Facility, Address, & Phone Number	From (Month/Year)	To (Month/Year)	Self- employed/Employed?
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Name of Facility, Address, & Phone Number	From (Month/Year)	To (Month/Year)	Self- employed/Employed?
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Name of Facility, Address, & Phone Number	From (Month/Year)	To (Month/Year)	Self- employed/Employed?
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**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 renewal, 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>

**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.

To qualify for license reinstatement from the Board of Optometry you must meet the requirements as stated in Minnesota Rule 6500.2900.

I have attached Proof of the continuing education requirement.

Check which one applies:

☐ OE Tracker Report

☐ photocopies of certificates of attendance or

☐ statement directly from the active licensure state(s) stating compliance with all continuing education requirements being sent to the board office.

I have submitted required fee of \$283.25.

I have read Minn. Statutes Sections 148.52 through 148.62, Contact Lens Prescription 145.711 through 145.714 and I understand that these are the laws that govern the practice of optometry in Minnesota. I have read Minn. Rules 6500.0100 through 6500.2900, and I understand these are the rules established by the Board of Optometry to administer and enforce the laws that govern optometry. I understand that as a licensee, I will be legally and ethically obligated to be familiar with and abide by the laws and rules described above. I must successfully complete and pass the Minnesota Jurisprudence exam.

Signature \_\_\_\_\_

***MUST BE SIGNED***



## MINNESOTA BOARD OF OPTOMETRY

335 Randolph Avenue Suite 210, Saint Paul, Minnesota 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)

### 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