LICENSE RENEWAL SCREEN SHOTS: Providing step by step instructions.

1. Click the 'License renewal tab' and open the tab.
2. Please click the renew button first.
3. Click the acknowledgement box and then click next.
License Renewal

Update Contact Information

Every licensee must have a Public and Mailing address. These addresses can be different. Your primary business address is public and is required. Your license will not be issued without it unless you check the box below certifying that you are not currently in the workforce related to your practice. If you have a business address listed that is not current, delete it by clicking the delete button.

Public - can be seen and/or provided to the public
Mailing - is where all correspondence is mailed

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Public</th>
<th>Mailing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>6945</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Albertville, AR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9325</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I do not have a business address because I am not currently in the workforce for this profession.

Phone Numbers

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Public</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>123</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email Address: aten@email.com

Acknowledgment

- By checking here you agree the above is your current contact information.

License Renewal

Continuing Education

CE Due Date: 12/31/2021

Your continuing education is not due this calendar (even) year, but will be due the next odd year based on the date shown above. All continuing education must be entered into OET Tracker prior to the end of the continuing education cycle.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Completed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Your OET Tracker hours will be recorded here.

Please update your contact information and click the acknowledgment box to proceed.
Answer Practice Questions

This information is for the purpose of determining whether you meet the statutory and rule requirements for licensure renewal. The information may also be used as the basis for further investigation by the Board into your qualifications as a licensee. MN Statute 146.504 require all licensees to self-report impairment, criminal and disciplinary actions, and to cooperate with questions raised by the Board.

Note: For more information click question mark on the right and select the Practice Questions option.

1. Mental and physical health: Since your last renewal, 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)? If you are participating in HPSP, for purposes of this renewal, you may answer "no" to this question.

2. Substance Use: Since your last renewal, 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)? If you are participating in HPSP, for purposes of this renewal, you may answer "no" to this question.

3. Criminal Conduct: Since your last renewal, 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?

4. Investigation by agency or board: 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 (registration) by a state or federal agency or regulatory board?

5. Malpractice: Are you aware of any malpractice actions pending against you or of any malpractice settlements or judgments against you?

6. Termination: Since your last renewal, 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?

7. DHHS or DHARR Disqualification: Have you ever received notification from the Minnesota 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?

8. Prescription Monitoring Program: If you are authorized to prescribe controlled substances and hold a current DEA registration, are you currently enrolled in the Minnesota Prescription Monitoring?

Please select the appropriate response to the following questions. The Board will follow up if needed.
Your Cart

Click 'Proceed to Payment' to submit item(s) to the payment vendor site. When successful the payment vendor site will display a 15 character confirmation number (ex. HLBH7VW000012345).

Note: Additional services can be submitted within the same cart. Items removed from the cart will not be processed.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Item Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Renewal - 00</td>
<td>$175.00</td>
</tr>
</tbody>
</table>

Grand Total: $175.00

If you are ready to check out
Please click to proceed to payment

Make a Payment

Board of BOD NAME

Amount Due: $175.00
Application Description: Optometrist Renewal Application
License Description: 00
License Number: 3707

Payment Information

Frequency: One Time
Payment Amount: $175.00
Payment Date: Pay Now

Contact Information

First Name:
Last Name:
Company (Optional):
Address 1:
Address 2 (Optional):
City/State:
State/Province/Region:
Zip/Postal Code:
Country:
Phone Number:
Email Address:

Payment Method

Card Number:
Expiration Date:
Card Security Code:

Card Billing Address:

Continue
Cancel