

LICENSE RENEWAL SCREEN SHOTS: Providing step by step instructions.

The screenshot shows the user interface of the Board of Optometry. At the top, there is a navigation bar with the logo and "Board of Optometry" on the left, and "Welcome E. Atwell" with a "Log out" link on the right. Below the navigation bar, there is a "Notification Center" section with a notification: "License 3707 is ready for renewal." To the right of the notification is a "License Information" section with a table of details:

License Information			
Type	Optometrist	Issued	09/27/2020
Number	3707	Expiration	12/31/2020
Status	Active	CE Due	12/31/2021

Below the license information is a "Continuing Education (CE) Hours" section with a table:

Organization	Completed	Hours
No entries.		
Total Hours		0

A green banner below the CE section says "Renew your license before December 31, 2020." with a "Renew" button. Below that is an "Addresses" section with a table:

Location	Address	Public	Mailing
Home	6969 Alberville, AR 96325	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Two callout boxes provide instructions: "License renewal tab and Opioid Tab" points to the "License (OD)" and "Opioid CE Audit (OC)" tabs in the left sidebar. "Please click the renew button first" points to the "Renew" button.

License Renewal

The screenshot shows the "Tennessee Warning" step in the license renewal process. On the left is a sidebar with navigation options: "Contact Info", "Continuing Education", "Practice Questions", "Review", and "Fee Information". The main content area is titled "Tennessee Warning" and contains the following text:

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. § 13.01 et seq. Minn. Stat. § 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 renewal of your license as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this renewal application, but failure to do so may result in the denial of this licensure renewal 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 renewal 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.

Below the warning is an "Acknowledgement" section with a checked checkbox: "By checking here you agree to the above Tennessee". At the bottom right are "Previous" and "Next" buttons. A callout box says "Click the acknowledgement box and then click next" pointing to the checkbox.

License Renewal

Tennessee

Contact Info

Continuing Education

Practice Questions

Review

Fee Information

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

Addresses

Location	Address	Public	Mailing		
Home	6969 Alberville, AR 96325	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

Phone Numbers

Type	Number	Public	Primary		
Business	123	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Email Address:

Acknowledgment

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

[< Previous](#) [Next >](#)

Please update your contact information and click the acknowledgment box to proceed

Notifications:
• License 3707 is ready for renewal.

License Renewal

Tennessee

Contact Info

Continuing Education

Practice Questions

Review

Fee Information

Continuing Education

CE Due Date: 12/31/2021

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

Continuing Education (CE) Hours

Organization	Completed	Hours
No entries.		
Total Hours		0

[< Previous](#) [Next >](#)

Your OET Tracker hours will be recorded here

- Tennessee
- Contact Info
- Continuing Education
- Practice Questions**
- Review
- Fee Information

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 148.604** 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.

- 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.
- 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.
- 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?
- 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?
- Malpractice:** Are you aware of any malpractice actions pending against you or of any malpractice settlements or judgments against you?
- 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?
- DHS or DHHS 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?
- Prescription Monitoring Program:** If your authorized to prescribe controlled substances and hold a current DEA registration, are you currently enrolled in the Minnesota Prescription Monitoring?

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

License Renewal

Tennessee

Contact Info

Continuing Education

Practice Questions

Review

Fee Information

Review

Please review all information entered on your renewal application. Your answers can be viewed by clicking on the 'Confirmation' icon below.

If any information is incorrect in the confirmation document, return to the appropriate step to correct. You can return to the step by clicking the Previous button.

Note: Do not use the Back button on your browser to return to a previous page.

Type: Optometrist

Reference #: OD3707-26374

Confirmation: 

Acknowledgment

If all information is correct then affirm statements below and continue.

General Affidavits
I hereby affirm that I have read, understand and agree to the following:

- That the information submitted in this renewal application may be used as the basis for further investigation by the Board, and under some circumstances, the information could become available to other agencies or persons authorized by law to have access.
- Since the date of my last renewal application filed with the Board the answers given in this application are true and correct.
- I agree to abide by the laws of the State of Minnesota concerning the practice for which I am renewing the License.
- I understand that failure to disclose any of the requested information may result in the denial of this application for renewal.
- I understand that should I desire to change the status of my license, I must obtain the appropriate application form by contacting the Board office.

Cooperation Affidavits
I agree that I will cooperate with any necessary investigation or inquiry initiated by the Board, according to M.S. Section 148.603 and that failure to answer a question truthfully may be grounds for discipline and/or termination of my License renewal pursuant to M.S. Section 148.603.

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If your information is correct please read and click on the affidavits boxes

You will be directed to a review page. Please click on the confirmation icon to review your submission.

Notifications:

- License 3707 is ready for renewal.

License Renewal

Tennessee

Contact Info

Continuing Education

Practice Questions

Review

Fee Information

Payment Fee Details

Payment Information	Amount
Annual Renewal Fee	\$160.00
OE Tracker Annual Renewal	\$15.00
Total Amount	\$175.00

[Add to Cart and Continue Shopping](#) [< Previous](#) [Proceed To Checkout](#)

For additional license cards - click here

You will then proceed to checkout

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. HLBH7W000012345).

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

Item Description	Item Total
License Renewal - OD	\$175.00 
Grand Total	\$175.00

[Proceed To Payment](#)

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



[Exit](#)

Make a Payment

My Payment

Board of BOARD NAME	
Amount Due \$175.00	
Application Description Optometrist Renewal Application	
License Description OD	
License Number 3707	

Payment Information

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

Contact Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Company	<input type="text"/> (Optional)
Address 1	<input type="text"/>
Address 2	<input type="text"/> (Optional)
City/Town	<input type="text"/>
State/Province/Region	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Country	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

payment page

Payment Method

Card Number	<input type="text"/>	 
Expiration Date	Month <input type="text"/> Year <input type="text"/>	
Card Security Code	<input type="text"/>	
Card Billing Address	<input checked="" type="radio"/> Use my contact information address <input type="radio"/> Use a different address	

[Continue](#) [Cancel](#)