

15 Do you wish to apply for certification to use Therapeutic Pharmaceutical Agents (TPAs)? Yes No

If **yes**, check appropriate category below:

- A. I have completed a professional optometry program (approved by the Department as licensure qualifying or accredited by AOACOE) **after January 1, 1993** and have requested that my passing score on the Treatment and Management of Ocular Diseases (TMOD) examination be forwarded by NBEO to the Office of the Professions on my behalf.
- B. I have completed a professional optometry program prior to **January 1, 1993** and will contact the SUNY College of Optometry for information regarding the requirements I must meet to obtain certification.

16 In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-D for each school.** Please print. Attach additional sheets if necessary.

A. NAME OF SCHOOLS ATTENDED AND LOCATIONS	B. NUMBER OF YEARS ATTENDED	C. ATTENDANCE		D. TITLE OF DIPLOMA OR DEGREE OBTAINED*
		Entrance Date	Leaving Date	
<p><i>High School/Secondary School</i></p> <p>_____</p> <p>School Name A</p> <p>_____</p> <p>City State/Country</p>	B	<p>____/____</p> <p>mo yr C</p>	<p>____/____</p> <p>mo yr</p>	D
<p><i>Preprofessional School(s)</i></p> <p>1. _____</p> <p>School Name A</p> <p>_____</p> <p>City State/Country</p> <p>2. _____</p> <p>School Name</p> <p>_____</p> <p>City State/Country</p>	B	<p>____/____</p> <p>mo yr C</p>	<p>____/____</p> <p>mo yr</p>	D
<p><i>Professional School(s)</i></p> <p>1. _____</p> <p>School Name A</p> <p>_____</p> <p>City State/Country</p> <p>2. _____</p> <p>School Name</p> <p>_____</p> <p>City State/Country</p>	B	<p>____/____</p> <p>mo yr C</p>	<p>____/____</p> <p>mo yr</p>	D

*Note: If your professional school was located outside the U.S., and you have a copy of your degree/diploma in the original language, attach a copy to this form.

17 Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? YES NO

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. A Form 3 must be submitted for each license/certificate listed.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

18 Child Support Obligation:

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

- A I am not under an obligation to pay child support
- OR
- B I am under an obligation to pay child support *and* (please check only one of the following)
 - I am current and **am not** four months or more in arrears in the payment of child support; or,
 - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
 - The child support obligation is the subject of a pending court proceeding; or,
 - I am receiving public assistance or supplemental security income; or,
 - None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

19 Citizenship/Immigration Status:

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

20 Gender And Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

- GENDER: Male Female
- ETHNICITY: White (not Hispanic)
- Black (not Hispanic)
- Asian
- Hispanic
- Native American

21 Child Abuse Identification And Reporting Coursework Requirement (check one):

- I graduated from a NYS optometry program after September 1, 1990 and completed the coursework during my studies.
- I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- I completed the child abuse coursework online and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed the Certification of Exemption (Form 1CE*).

*Form 1CE is available on the Office of the Professions' Web site at www.op.nysed.gov/documents/form1ce.pdf.

22 Infection Control Training Requirement (check one):

- I graduated from a NYS registered licensure qualifying program within the last four years and completed the infection control training during my studies.
- I completed the infection control training within the last four years and have enclosed a certificate of completion from an approved provider.
- I completed the infection control training online within the last four years and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed an Attestation of Infection Control Training (Form 1IC*).

*Form 1IC is available on the Office of the Professions' Web site at www.op.nysed.gov/documents/form1ic.pdf.

23 Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

- Yes No

Please initial: _____

24 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Applicant's signature _____ Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.