

Optometry Form 4

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Office of the Professions
 Division of Professional Licensing Services
 89 Washington Avenue
 Albany, NY 12234-1000

REPORT OF PROFESSIONAL PRACTICE - FOR ENDORSEMENT APPLICANTS -

APPLICANT INSTRUCTIONS

Use this form only if you are licensed in another jurisdiction and are seeking licensure by endorsement.

1. Complete all items in ink. In item 5, provide a chronological list of your professional practice with the name and practice address of the licensed optometrist who will attest to your practice. Be sure to sign and date item 6.
2. Complete Section I of a corresponding Form 4A and send it to each licensed optometrist listed in item 5.

Note: You must present evidence of at least five years of professional practice of optometry following initial licensure and within the 10 years immediately preceding your application for licensure in New York.

Section I: Applicant Information

1	Social Security Number	<input style="width: 100px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/> - <input style="width: 100px; height: 20px;" type="text"/>	2	Birth Date	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>
	(Leave this blank if you do not have a U.S. Social Security Number)				Month Day Year

3 Print Your Name Exactly As It Appears On Your Licensure Application (Form 1)

Last	<input style="width: 500px; height: 20px;" type="text"/>
First	<input style="width: 300px; height: 20px;" type="text"/>
Middle	<input style="width: 300px; height: 20px;" type="text"/>

4 Mailing Address

Line 1	<input style="width: 450px; height: 20px;" type="text"/>
Line 2	<input style="width: 450px; height: 20px;" type="text"/>
Line 3	<input style="width: 450px; height: 20px;" type="text"/>
City	<input style="width: 400px; height: 20px;" type="text"/>
State	<input style="width: 30px; height: 20px;" type="text"/>
Zip Code	<input style="width: 60px; height: 20px;" type="text"/>
Country/ Province	<input style="width: 600px; height: 20px;" type="text"/>

5 Professional Practice (Attach additional sheets if necessary)

Exact dates (mo./day/yr.)	Type of practice including name and practice address of licensed optometrist (attach additional sheets if necessary).
From ____ / ____ / ____ To ____ / ____ / ____	
From ____ / ____ / ____ To ____ / ____ / ____	
From ____ / ____ / ____ To ____ / ____ / ____	

6 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.

Applicant's Signature _____ Date _____