



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI STATE BOARD OF OPTOMETRY

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optometry@pr.mo.gov
<http://www.pr.mo.gov>

Brian Barnett
Executive Director

Dear Applicant:

In response to your request for information regarding licensure in Missouri as an optometrist, please find the enclosed application for licensure and a copy of the Board's current rules and statutes.

All applicants for licensure as an optometrist in Missouri must be a graduate of an accredited school of optometry and pass all parts of the written examination, and the Clinical Skills and Patient Assessment and Management (PAM) examination administered by the National Board of Examiners in Optometry (NBEO). If you have not taken and passed all parts of the NBEO, but have been actively practicing in another state for at least three (3) years, please review Section 336.090, RSMo and Board Regulation 20 CSR 2210-2.011 to determine if you meet the qualifications for **licensure by endorsement**.

To obtain information regarding NBEO testing, contact the National Board Office directly. The address of the National Board of Examiners is 200 South College Street, #1920 Charlotte, NC 28202. The telephone number is (704) 332-9565 or toll free at (800) 969-EXAM. You can also visit the National Board website at www.optometry.org. The NBEO provides a Candidate Guide with information on the scope of the examination, the location, dates, and required fees.

All applicants for licensure are also required to take the Missouri law examination. This is an open book exam that must be completed within one year prior to licensure. A minimum passing score of seventy-five percent (75%) or greater is required. Applicants can take the law examination either through the Board office or through the NBEO. The fee for taking the law examination through our office is \$50.00. If you wish to take the exam through the NBEO, please contact them directly for further information.

All applicants for licensure in Missouri must be qualified for TPA certification. The Pharmaceutical Education section of the enclosed application form must be sent to the educational institution where you obtained the education necessary to qualify for certification in Missouri. The school must complete the Pharmaceutical Education section of the application form and return it directly to our office. The education and examination requirements for certification to use pharmaceutical agents in Missouri are outlined under Board Rule 20 CSR 2210-2.080.

Requirements for Licensure by Examination

1. Submit a completed Application for Optometry License and the \$225.00 application fee

2. Official optometric college transcript (An official transcript is one that is received directly from the issuing institution. It must contain the appropriate seal, date, and signature. Transcripts received not meeting these requirements are not official and will not be considered for completion of an application.)
3. Official NBEO transcript(s)
4. Successfully complete the Missouri law exam
5. Submit proof of fingerprints (see additional information below)

Although the Board does not have a specific application deadline, we anticipate the review process will be completed approximately thirty (30) days after receipt of the completed application for applicants applying for **licensure by examination**.

Requirements for Licensure by Endorsement

The following additional information must be provided by applicants for licensure by endorsement:

1. Proof of successful completion of an optometry licensure examination substantially equivalent to the licensure examination required in Missouri;
2. Proof of active clinical practice for at least three years in the five years immediately preceding the application;
3. Proof that you are registered or certified in the state from which you are applying for endorsement to use pharmaceutical agents at the highest level granted in that state with the requirements established in that state for registration and/or certification being substantially equivalent to the requirements in Missouri;
4. Certification from each state in which you are currently licensed or have been previously licensed verifying that you are/were in good standing, that you have never had your license disciplined in any manner and that you are not the subject of any pending complaints; AND
5. Copy of the licensing statutes/regulations from the state from which you are applying for endorsement specific to the licensing requirements in effect at the time of your original licensure (For example, if you were licensed in Kansas in 1983, we need a copy of the Kansas statutes/regulations regarding licensure requirements in 1983).

All applications for **licensure by endorsement** are reviewed by the members of the Missouri State Board of Optometry at regularly scheduled meetings, which are held approximately three (3) times per year in February, July and October.

Fingerprints

All applicants for licensure are required to submit two sets of fingerprints to facilitate a background check by the Missouri State Highway Patrol and the FBI, and pay the appropriate fingerprinting fee.

The Missouri State Highway Patrol has contracted with a new company; **3M/Cogent**, to provide digital fingerprints which are processed quickly resulting in a shorter turn around time. All applicants choosing to be printed with **3M/Cogent** must first register with the **Missouri Automated Criminal History Site (MACHS) Fingerprint Portal** @ www.machs.mo.gov. Upon registration with MACHS, you will be prompted for our unique 4 digit registration number which is **0002**; you will not be able to schedule an appointment without providing this registration number. If you use the digital service, please provide the Board a copy of the receipt you receive after being fingerprinted. The receipt will be included in your application file to indicate the criminal background check is in process. The cost for electronic fingerprinting is \$45.05 and paid by the applicant to **3M/Cogent**. Individuals without access to the internet may contact 3M/Cogent directly at 1-877-862-2425 to have a Fingerprint Services Representative conduct this registration on your behalf.

If you choose to submit paper and ink fingerprints for processing, you must use the fingerprint cards provided by the Board office. Please submit the \$34.75 fingerprinting fee (made payable to the Missouri State Board of Optometry) and request that the fingerprint cards be mailed to you. Once you receive those specific cards, you will need to be fingerprinted at your local law enforcement office and return the cards to the Board office. Make sure you complete the required information on the fingerprinting cards. The cards will be sent to the Missouri State Highway Patrol for both the state and federal background check. At the present time, it is taking approximately 4-5 weeks to obtain the criminal history reports using the fingerprinting cards.

For any further information regarding licensure in Missouri or for clarification of the information provided, please contact our office at (573) 751-0814 or send an email to optometry@pr.mo.gov.

EXECUTIVE DIRECTOR
MISSOURI STATE BOARD OF OPTOMETRY



STATE OF MISSOURI
Division of Professional Registration

APPLICATION FEE: \$225 (Due with application)
LAW EXAM FEE: \$50
(To be paid if exam is being taken via the mail)

MISSOURI STATE BOARD OF OPTOMETRY
3605 MISSOURI BOULEVARD
P.O. BOX 1335
JEFFERSON CITY MO 65102
TELEPHONE: (573) 751-0814

APPLICATION FOR OPTOMETRY LICENSE

FOR OFFICE USE ONLY ▶	LICENSE NO.	ISSUE DATE
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PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

This application is being submitted on the basis of licensure by:

Examination **Endorsement**

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)	SOCIAL SECURITY NO. (REQUIRED – SEE ATTACHED NOTICE)
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DATE OF BIRTH	PLACE OF BIRTH
---------------	----------------

RACE (THIS INFORMATION IS VOLUNTARY)	GENDER (THIS INFORMATION IS VOLUNTARY) <input type="checkbox"/> Male <input type="checkbox"/> Female
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HOME TELEPHONE NO. ()	PRACTICE TELEPHONE NO. ()	FAX NO. ()
------------------------------	----------------------------------	-------------------

HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)

PRACTICE ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFY PREFERRED MAILING ADDRESS (CHECK ONLY ONE BOX) <input type="checkbox"/> HOME OR <input type="checkbox"/> PRACTICE	E-MAIL ADDRESS
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Have you ever applied for licensure as an optometrist or taken the examination for licensure as an optometrist in any state or territory? Yes No
If yes, complete the following. (If you are no longer licensed in the state(s) listed or have current or past discipline, an explanation on a separate sheet of paper is required.)

STATE OR TERRITORY	WERE YOU LICENSED BY THIS STATE OR TERRITORY?	DATE LICENSED	ARE YOU STILL LICENSED?	DO YOU HAVE ANY CURRENT OR PAST DISCIPLINE?

OPTOMETRY COLLEGE

NAME
LOCATION
DATES OF ATTENDANCE (FROM/TO)

EXAM INFORMATION

All applicants for licensure in Missouri must pass all parts of the written examination administered by the National Board of Examiners in Optometry (N.B.E.O.), including the Clinical Skills/VRICS examination or Clinical Skills/PAM examination. Each applicant must also pass an examination on Missouri law within one year prior to licensure. For certification to use pharmaceutical agents, applicants must pass the examination on the Treatment and Management of Ocular Disease (T.M.O.D.), which is administered by the N.B.E.O. Please indicate below your examination status in these exam areas.

	YES	NO
Have you passed both parts of the N.B.E.O. written exam (Parts I and II)?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you scheduled to take the exams? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, when: _____		
Have you passed Part III of the N.B.E.O. exam (Clinical Skills/VRICS or Clinical Skills/PAM)?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you scheduled to take the exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, when: _____		
Have you passed the T.M.O.D. exam?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you scheduled to take the exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, when: _____		
Have you taken and passed the Missouri Law Exam through the N.B.E.O.?	<input type="checkbox"/>	<input type="checkbox"/>
If No, you will be required to take the exam through the Missouri Board and will be notified when you are eligible to do so. (Please Note: There is a \$50.00 fee required before you are eligible to take the exam.)		

CERTIFICATE OF OPTOMETRIST IN ACTUAL PRACTICE

This section must be completed and signed by a licensed optometrist. (This section only applies to those applicants who are applying on the basis of licensure by endorsement.)

This certifies that I, _____, have known the applicant to have been engaged in active clinical practice for the past three years.

SIGNATURE	DATE	LICENSE NO.
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NO. ()	STATE OF PRACTICE	

CERTIFICATE OF MORAL CHARACTER

This section must be completed and signed by a licensed optometrist. The applicant must also provide the Board with two additional references. Space is provided to include names, addresses and telephone numbers. Do not indicate the name of a relative for any of these reference requirements. Additionally, only one reference can be that of a faculty member from your optometry school.

This certifies that I, _____, have been personally acquainted with the applicant for _____ years and that I believe the applicant to be of good moral character. I hereby recommend the applicant to the Missouri State Board of Optometry to be licensed to practice optometry.

SIGNATURE	DATE	LICENSE NO.
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NO. ()	STATE OF PRACTICE	

ADDITIONAL REFERENCES

1. NAME	TELEPHONE NO. ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
2. NAME	TELEPHONE NO. ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

IMPORTANT: Explanations required in response to the following questions must be on a separate sheet and signed by you before a notary public.

	YES	NO
1. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor and/or felony in any state or in federal court (other than minor traffic or parking violations) whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been pardoned from a felony conviction? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a record expunged from a felony conviction? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been court martialled or discharged other than honorably from the armed services? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as an optometrist? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you now or have you in the last 5 years been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you now being treated or have you in the last 5 years been treated through a drug or alcohol rehabilitation program? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, or deception related to your practice as an optometrist? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had a suspended imposition of sentence (SIS) for any offense? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT OF APPLICANT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the proceeding application for licensure as an optometrist in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice of optometry and subject to the rules and regulations of the Missouri State Board of Optometry. I subscribe and agree to abide by all applicable laws and rules regarding the practice of optometry. I hereby certify that I have familiarized myself with Chapter 336, RSMo, known as the Optometry Practice Act and applicable rules promulgated by the Missouri State Board of Optometry.

Enclosed is the application fee which is nonrefundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY	SIGNATURE OF APPLICANT		
	▶		
	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

PHARMACEUTICAL EDUCATION

IMPORTANT: This portion of your application must be completed by the institution from which you obtained your education. Please attach a recent photo of yourself to the bottom of this form and mail it to your educational institution for completion.

I hereby certify that _____ successfully completed at least one hundred (100) hours of approved, supervised, clinical training in the examination, diagnosis and treatment of conditions of the human eye and adnexa in a program supervised by a board-certified ophthalmologist. These hours were taught by an institution having facilities for both the didactic and clinical instruction in pharmacology, which is approved by the Board and which is accredited by a regional or professional accrediting organization which is recognized by the Council on Post Secondary Accreditation or the United States Department of Education or its successors.

(COLLEGE SEAL)

NAME OF EDUCATIONAL INSTITUTION

DATES OF ATTENDANCE (FROM/TO)

SIGNATURE OF DEAN, SECRETARY OR REGISTRAR

DATE

OPTOMETRIC EDUCATION

NAME AND LOCATION OF OPTOMETRY COLLEGE

I hereby certify that _____ received from _____ on the _____ day of _____, Year _____ a diploma conferring on _____ the degree of Doctor of Optometry.

PLEASE ATTACH A RECENT PHOTO HERE

I FURTHER CERTIFY THAT THE PHOTOGRAPH ATTACHED IS A TRUE LIKENESS OF THE SAID APPLICANT.

SIGNATURE OF DEAN, SECRETARY OR REGISTRAR

DATE



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

MISSOURI STATE BOARD OF OPTOMETRY
 3605 MISSOURI BOULEVARD
 P.O. BOX 1335
 JEFFERSON CITY, MO 65102-1335
 TELEPHONE (573) 751-0814

PLEASE COMPLETE THIS FORM BY FILLING IN THE FOLLOWING INFORMATION AND RETURN WITH YOUR RENEWAL/APPLICATION.

NAME	SOCIAL SECURITY NUMBER
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SIGNATURE

You must provide your social security number pursuant to state and federal law.

Pursuant to these laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

If you fail or refuse to provide your social security number, we will consider your application or renewal incomplete and return it to you. Continued failure or refusal to provide it is grounds for denial of your application and could result in disciplinary action against your certificate and/or permit to practice.

Senate Bill 361, 89th General Assembly, First General Session (1997); Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193.

CONTINUING EDUCATION FACT SHEET

Beginning with the license renewal period of November 1, 2008 – October 31, 2010, licensees will be required to obtain 32 hours of Board approved continuing education (C.E.) every two years in order to renew their Optometry license. The C.E. reporting period will be concurrent with the license renewal period. The first C.E. reporting period will be November 1, 2008 – October 31, 2010. The next C.E. reporting period will be November 1, 2010 – October 31, 2012. By paying a C.E. penalty fee of \$150, a licensee may apply C.E. earned between November 1st – December 31st of the last year of the reporting period to the reporting period ending that year. For example, a licensee wishing to renew an optometry license on October 31, 2010 could apply C.E. earned in December 2010 towards the 32 hours of C.E. required to renew licensure on October 31, 2010. A licensee can not apply the same C.E. to more than one reporting period.

Licensees who earn Board approved C.E during the time period of September 1, 2008 – October 31, 2008 may apply that C.E. to the reporting period beginning November 1, 2008. Alternatively, a licensee may apply C.E. earned during the time period of September 1, 2008 – October 31, 2008 to the reporting period ending August 31, 2008 if the licensee pays the C.E. penalty fee.

All continuing education for license renewal must be from a Board approved continuing education course. Licensees must maintain records of their completed continuing education for the two previous C.E. reporting periods in addition to the current reporting period. The Board will conduct a random audit of licensees to ensure compliance with the C.E. requirement for renewal. If a licensee is selected for an audit, the licensee will be required to provide documentation of their C.E. in a timely manner.

Licensees who are enrolled in a postgraduate residency program accredited by the Council on Optometric Education will receive a maximum of sixteen hours of continuing education credit that can be applied to only one renewal period.

Licensees who do not obtain the required C.E. or who do not provide documentation in a timely manner when audited may be subject to disciplinary action.

BNDD Fact Sheet

According to Missouri State Board of Optometry rule 20 CSR 2210-2.030(1), "Every licensed optometrist shall notify the board of any change of mailing address within thirty (30) days."

In order to conduct controlled substance activities in Missouri, an optometrist must possess a registration from both the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) and the U.S. Drug Enforcement Administration (DEA).

If you possess a Bureau of Narcotics and Dangerous Drugs (BNDD) registration issued by the Missouri Department of Health and Senior Services (DHSS), you are also mandated to take the necessary steps to ensure continued registration as well. DHSS regulation 19 CSR 30-1.023 states in part, "The registration of any person shall terminate if and when the person changes business location. The registration shall not terminate for thirty (30) days from the effective date of the change if the person applies for a new registration or modification within the thirty (30) day period."

A BNDD registration is valid for the specific address to which the registration was issued. A BNDD registration is issued for a practitioners primary practice location. Additional BNDD registrations are not needed for branch offices or other locations other than the optometrist's primary practice location. If an optometrist changes his or her primary practice address for which they have a BNDD registration, BNDD must be notified prior to or within 30 days of the effective date of the address change. If an optometrist changes his or her primary practice location and does not notify the BNDD within the allotted time, the BNDD registration automatically terminates. Any controlled substance activities that an optometrist conducts after the registration terminates would be without controlled substance authority and in violation of state drug laws.

If an optometrist is going to prescribe a controlled substance, the optometrist must document the prescription in the patient's file. If an optometrist prescribes a controlled substance for a patient, he or she needs to make sure to document the date of the prescription, the drug name, drug strength, and quantity of the drug prescribed.

Remember that violations of state or federal drug laws may subject your Missouri optometry license to discipline even if no disciplinary action is taken by the BNDD or DEA. More information regarding state drug laws may be found at the BNDD website, www.dhss.mo.gov/BNDD. Information about federal drug laws may be found at the DEA website, www.deadiversion.usdoj.gov.

If you have any questions regarding the regulation of controlled substances, please feel free to contact the State Board office or the Bureau of Narcotics and Dangerous Drugs at the number below.

Missouri State Board of Optometry (573) 751-0814

Bureau of Narcotics and Dangerous Drugs (573) 751-6321

I have read and understand the information stated above.

Practitioner's Signature

Date