Optometry Form 3

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

VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER JURISDICTION

(Complete this form if you are or have been licensed/certified in another jurisdiction)

APPLICANT INSTRUCTIONS

- 1. Complete Section I in ink. Enter your name as it appears on your Licensure Application (Form 1). Be sure to sign and date item 7.
- 2. Send both pages of this form to the appropriate licensing authority of the jurisdiction(s) in which you are or have been licensed/certified for completion of Section II. We must receive a form from the licensing authority of every jurisdiction in which you are or have ever been licensed/certified. Be sure to include any fee required by the licensing authority.

	licensed/certified. Be sure to include any fee required by the licensing authority.																																		
S	Section I: Applicant Information																																		
_[— — — — — — — — — — — — — — — — — — —																																		
1	Social Security Number 2 Birth Date Manth Source													\perp																					
	(Leave this blank if you do not have a U.S. Social Security Number) Month Day Year																																		
3	Print Name Exactly As It Appears On Your Licensure Application (Form 1)																																		
	Last														1		Γ	T			T	T	Т												
	First																1				•		•												
	Middle]																		
4	Mailing Address (You must notify the Department promptly of any address or name changes.)																																		
	Line 1																																		
	Line 2																																		
	Line 3																																		
	City]														
	State	State Zip Code Line Line Line Line Line Line Line Lin																																	
	Country/ Province																															\Box			
5																																			
	Jurisdic	tion	to w	/hich	thi	is fo	orm	is b	ein	g se	nt:																								
	Print na	ame	of lic	censi	ing	au	thoi	rity _																										 	
6	Print yo	ur n	ame	ae it	t ar	nne	are	on	VOL	r lic	anee	2/00	artifi	cate	o fro	m i	uric	dict	ion	lieta	ad i	n ita	am.	5											
	i iiii yo	, GI 11	amo	, ao it	. 4	PPO	uio	011	you		01100	<i>,,</i> 00	J	out	,,,,	, j	unc	Jaiot	.0		<i>,</i>		J	0.											
	Print na	ame																																 	
	Profess	siona	al title	e on	lice	ens	e/ce	ertifi	icate	e iss	suea	l:																						 	
7	I reques																																		
	connect											an	u iu	101	cas	o ai	ıy C) (1 I C		UIII	iall	0111	ъЧ	une	Ju	υyι	116	oia	i C I	Luu	Jane	/11 L	,epc	 , i i i i i	11
	Applicant's signature: Date: /																																		
																												-		mo.		a	lay	 yr.	
												Opt	tom	etry	For	m 3	, Pa	ige '	1 of	2, R	ev.	08/	05												

S	section II: Verification of Licensure/Certification (Please print or type)									
	NSTRUCTIONS TO THE LICENSING AUTHORITY: Please complete items 1-4, sign ar irectly to the Office of the Professions at the address below. This form will not be accomplete.									
1	Name of applicant: (see item 6 in Section I)									
2	Professional title on license/certificate:									
	License/certificate number: Date of license	censure/certification:////								
3	If the applicant was licensed/certified as an optometrist in your jurisdiction, was he/she ☐ Yes ☐ No	e licensed/certified without passing the NBEO examination?								
	If yes , please explain:									
4	A. Has the applicant been subject to any disciplinary action?									
	B. Are any charges pending against this individual?									
l tl s	Certification hereby certify that to the best of my knowledge and belief the foregoing is a true statement, except as noted in item 4 above or in any attachments, this licensing authority has no far as the licensing authority has knowledge, there have been no charges preferred not improfessional or immoral conduct.	ever taken any disciplinary action against this person and that in								
S	Signature:									
_	Print name:	mo. day yr.								
	Print name:									
Т	itle:									
L	icensing authority:									
Δ	Address:	(SEAL)								
Т	elephone:									
F	ax:									
E	-mail Address:									
Retu	Irn Directly to: New York State Education Department, Office of the Professions, Divisi 89 Washington Avenue, Albany, NY 12234-1000.	on of Professional Licensing Services, Optometry Unit,								
	Optometry Form 3, Page 2 of 2, I	Rev. 08/05								