



APPLICATION FOR LICENSURE BY EXAM

Attached is an application for licensure by examination in Kansas. Your completed application, check and supporting documents must be received at the board office no later than thirty days prior to the examination. **YOU MUST HAVE PASSED ALL PARTS OF THE NATIONAL BOARD EXAMINATION WITHIN THE PAST FIVE YEARS IN ORDER TO BE ELIGIBLE TO SIT FOR THE KANSAS EXAMINATION.** Please have all results mailed directly to the Board office address given below.

Please note that the following documents are required: (1) a copy of your birth certificate, (2) transcripts sent *directly* from all colleges and optometry schools attended, (3) three character references, (4) fingerprints and check for \$47.00 for a criminal background check, and (5) a check for \$150.00 to the Kansas Board of Examiners in Optometry. The application fee is non-refundable. For those retaking the examination, a new application form is required and three updated character references. The first retake fee is \$75.00, the third and subsequent fees are \$45.00. Retake fees must be within 18 months of the initial exam attempt.

If you have not already graduated from optometry school at the time your application is submitted, please send copies of your final transcript as soon as it is available.

The date for the Kansas examinations will be scheduled at the January board meeting and is usually administered in June/July each year. You can find the date of the exams on our website. The exam consists of an interview, law test, and practical/clinical exam. Kansas Laws governing optometry can be found at our website www.kssbeo.ks.gov. Additional information, including the exact location of the examinations will be sent when your application has been received and reviewed. If you need any special accommodations for the exams, please let us know. If you have further questions, please contact the office at (785) 832-9986, or send an email to kssbeo@ks.gov

Criminal Background Check Instructions:

- A. Contact the Board of Optometry for fingerprint packets at: kssbeo@ks.gov. Be sure to include the address where the packet is to be sent.
- B. Contact your local law enforcement to arrange to be fingerprinted. Or, you may have it done at the KBI in Topeka Monday through Friday from 8:00 - 4:30.
- C. Fingerprint cards and waiver **MUST** be mailed directly from the facility completing the prints.
- D. It takes about 2-3 weeks for the Board of Optometry to receive the results of the background check, so be sure to complete this part of your application in plenty of time for the Board to have your results 14 days prior to the exam.

Application for Licensure by Examination

Please return this application with fee of \$150.00 payable to the Kansas Board of Examiners in Optometry (KSSBEO) to: Kansas Board of Examiners in Optometry, 3109 W 6th, Suite B, Lawrence, KS 66049.

This application must be received in the board office no later than thirty days prior to the next examination date. All supporting data (transcripts, etc) will need to be in the office no later than one week prior to the exam date. The board will notify you of any changes made prior to the examination date.

TO THE KANSAS STATE BOARD OF EXAMINERS IN OPTOMETRY:

I, _____, hereby petition the Kansas State Board of Examiners in Optometry for permission to take the examination conducted by said board, applicable to my case, and that if successful in passing said examination, I be issued a license to practice optometry in the State of Kansas under the laws of the State of Kansas and the Rules and Regulations of the Kansas State Board of Examiners in Optometry. To evidence my qualifications and right to take such an examination, I show the following:

Full Legal Name

Present Address

City State Zip Code

Phone Number Home Cell OE Tracker No:

Alt. Phone Home Cell Email

Permanent Address*

City State Zip Code

*Address where Board can mail exam information after graduation from optometry school if different.

During the past five years, I have resided at the following residence(s) during the times mentioned:

During the past five years, I have engaged in the following occupations or duties during the times and the places stated:

SSN*

Date of Birth

Age

NPI (If you have not applied for or received an NPI, write 'not applicable')

Place of Birth: City:

State

Country

Have you ever previously filed an application for admission to practice optometry in the State of Kansas? Yes No

If Yes, please explain:

Have you ever been examined by any other licensing board? Yes No

If yes, give dates, places and results (pass/fail) of the examination.

Are you currently licensed to practice in any other jurisdictions? Yes No If yes, list where:

Have you (a) ever had a license to practice optometry in any state revoked or suspended or ever voluntarily surrendered such a license; or (b) been the subject to any disciplinary action; or (c) within the 24 months preceding this application been the subject of an investigation or proceeding that could have led to disciplinary action by any state professional licensing authority?

Yes No If yes, explain, giving dates, places and reasons:

*You are required to provide your social security number as part of this application pursuant to 42 U.S.C. § 666(a)(13) and K.S.A. 74-148. Your social security number will be used for identifying you, reporting to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank **and** will be provided to the Kansas Department of Revenue pursuant to K.S.A. 74-139 and Kansas Social Rehabilitation Services pursuant to K.S.A. 74-148 and 39-758.

Have you ever been refused an optometry examination in any jurisdiction? Yes No If yes, give dates, places and reasons.

Have you ever changed your name by court order or otherwise? Yes No if yes, please explain.

Have you ever been arrested, charged, convicted or had expunged any criminal offense(s) other than minor traffic violations?

Yes No If yes, give date(s), place(s) and nature of offense(s):

Undergraduate Education: (PLEASE SUBMIT OFFICIAL TRANSCRIPTS OF SCHOOLS LISTED)

Name of College City State Dates Type of degree earned

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Optometric Education (PLEASE SUBMIT FINAL TRANSCRIPT)

Name of School City State Graduation Date

PRACTICAL EXPERIENCE

Name of Facility Location Dates

Name of Facility Location Dates

Name of Facility Location Dates

REFERENCES/PROOF OF GOOD CHARACTER

Three written character references must be sent to the Board office; **two must be from optometrists familiar with the applicant's work.** If the applicant is a student or recent graduate, one reference shall be from the academic supervisor. For all other applicants, one reference shall be from the current or most recent work supervisor. References from individuals other than optometrists may be accepted under extenuating circumstances and shall address the applicant's moral character. The Board requests, but does not require, that at least one of the certificates provided be signed by a Kansas optometrist in actual practice. For the convenience of the applicant, ***the certificates are on separate sheets following the application*** that can be mailed to persons asked to confirm good character. Please have the certificates mailed back to you so you know they have been completed and then forward them to the Executive Officer of the board. ATTACH A COLOR PHOTO OF YOURSELF (at least 2 X 3 inches) TO EACH FORM BEFORE SUBMITTING IT TO YOUR REFERENCES.

Reference #1

Reference #2

Reference #3

I, _____ have carefully read the above statements and that the same are true and correct; and if granted a license to practice optometry in Kansas I will adhere strictly to the ethics of the profession, and abide by the rulings of the Kansas Board of Examiners in Optometry.

(Applicant's signature)

Date

CERTIFICATE OF GOOD CHARACTER

I, _____, certify that I have known the applicant, _____, for _____ years and he/she is of good moral character. I also certify that the attached photograph is a likeness of the said applicant. I (AM) (AM NOT) familiar with the applicant's work in the field of optometry. I hereby recommend said applicant for a license to practice optometry in the State of Kansas

(Signature)

(Date)

(Street Address)

(City)

(State)

(Zip)

Telephone _____

To the applicant: PLEASE ATTACH A RECENT COLOR PHOTOGRAPH (at least 2 X 3") TO THIS PAGE BEFORE SUBMITTING TO CERTIFIER FOR SIGNATURE. RETURN FORM TO THE BOARD WITH PICTURE ATTACHED.

**ATTACH
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