

Attached is an application for licensure by reciprocity in Kansas.

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. Sworn reciprocity statement by the Optometry Licensing Authority in your state(s) of practice.
5. Certified copy of your current registration certificate or license
6. Official National Board Scores
7. Proof of 48 hours of continuing education in the 2 years prior to application
8. Fingerprints and check for \$47.00 to Kansas Board of Examiners in Optometry for a criminal background check.
9. A check for \$150.00 to the Kansas Board of Examiners in Optometry. The application fee is non-refundable.

A CELMO CERTIFICATE WILL SIGNIFICANTLY ACCELERATE THE PROCESS OF APPROVING A RECIPROCAL LICENSE APPLICATION. (www.arbo.org)

Applicants will be required to take the Kansas Optometry Law Exam.

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 approval by the Board at their next scheduled meeting.

Application for Licensure by Reciprocity

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.

TO THE KANSAS STATE BOARD OF EXAMINERS IN OPTOMETRY:

I, _____ hereby petition the Kansas State Board of Examiners in Optometry for a therapeutic license by reciprocity, 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home _____ Cell _____ OE Tracker No: _____

NPI No: _____ Email: _____

SSN* _____ DOB: _____ Age: _____

Place of Birth: City: _____ State: _____ Country: _____

If yes, are you Active Military? Yes _____ No _____ Military Spouse? Yes _____ No _____ Honorably Discharged: Yes _____ No _____

Please attach proof of status of a military service member, military spouse or circumstances of departure from military.

Do you reside in Kansas or intend to reside in Kansas? Yes _____ No _____ Provide proof of residency in Kansas (utility bill, lease, proof of ownership) or intention to reside in Kansas (lease / real estate contract)

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. (Attach additional sheets if necessary)

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), places, and nature of offense(s)

*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 **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.

STATES/PROVINCES IN WHICH YOU ARE OR HAVE BEEN LICENSED*

You must have each state complete a license verification form

Attach additional sheets if necessary

*You must have at a minimum of three consecutive years of active practice to be eligible for reciprocity.

State/Province	License Number	Date Issued	Expiration Date
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UNDERGRADUATE EDUCATION

(Submit official transcript).

College	City	State	Dates	Type of Degree Earned
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OPTOMETRIC EDUCATION

(Submit official transcript)

School	City	State	City	Graduation Date
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Are you glaucoma certified? Yes ____ No ____

If graduated prior to 1996, describe training to become glaucoma certified.

Practical Experience

Facility	Location	Dates
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What is the legal name of your employer / practice that you have contracted with, if any?

If contracted, provide a copy of the independent contractor agreement.

Where is the physical location that you plan to practice?

Do you intend to practice through virtual or remote means? Yes _____ No _____ If so provide a description

How much time do you intend to practice in Kansas?

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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OF APPLICANT
HERE PRIOR
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REQUEST FOR LICENSE VERIFICATION

APPLICANT: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Applicant Name: _____ Date of Birth _____ SSN _____

Address: _____

City: _____ State: _____ Zip _____

Email address: _____

License Number: _____ Date of Issuance _____

I hereby authorize the state of _____ to furnish the Kansas Board of Examiners in Optometry with the information below.

Signature of Applicant: _____ Date _____

DO NOT WRITE BELOW THIS LINE

State: _____ License #: _____ Date Issued: _____ Expiration Date: _____

Current License Status: Active _____ Inactive _____ Lapsed _____ Other _____

Licensed by: National Board Examinations _____

State Examination(s) _____ Written _____ Practical _____

Reciprocity/Endorsement _____ From which state _____

If licensed by state examination, provide subjects and scores.

Has this license ever been revoked, suspended, surrendered, restricted, limited, or placed on probation?

YES _____ NO _____ **IF YES, PLEASE EXPLAIN ON REVERSE SIDE OR PROVIDE COPIES OF DISCIPLINARY ACTION TAKEN.**

Is applicant currently under investigation or charged with a violation of the practice act?

YES _____ NO _____ **IF YES PLEASE EXPLAIN ON REVERSE SIDE OR ATTIONAL ADDITIONAL SHEETS**

FORM COMPLETED BY:

Signature

Date

Printed Name

Title

State Board

Telephone

E-mail Address