

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:

- A copy of your birth certificate.
- Transcripts sent *directly* from all colleges and optometry schools attended.
- NBEO Scores.
- Three character references, one reference shall be from the academic supervisor
- Fingerprints and check for \$57.00 for a criminal background check and a check for \$150.00 to the Kansas Board of Examiners in Optometry – or one check for \$207.00 The application fee is non-refundable.
- For those retaking the examination, a new application form is required and three updated character references. The retake fee is \$75.00. 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:

- 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.
- 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.
- Fingerprint cards and waiver **MUST** be mailed directly from the facility completing the prints.
- 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.

CONDUCT AND SECURITY AGREEMENT

You are applying to take the Kansas State Board of Examiners in Optometry (KSSBEO) licensing examination (“licensing examination”). This Conduct and Security Agreement sets forth the expectations of license candidates before, during, and after the licensing examination in order to maintain testing integrity. This Conduct and Security Condition is incorporated in and part of the application to sit for the licensing examination and is a material part of the application. As a condition of sitting for the licensing examination, all candidates submitting an application for the licensing examination agree to the following:

KSSBEO has a zero-tolerance policy regarding cheating and any other type of conduct which undermines the accuracy of licensing examination results.

- Receiving or accessing KSSBEO items from previous, current, or future licensing examinations is prohibited.
- Allowing another candidate to copy answers from you is prohibited.
- Copying of answers from another candidate’s answer sheet or memorizing content from the licensing examination for the purpose of sharing with other candidates is prohibited.
- Producing any type of examination study guide or notes for other candidates based on a licensing examination previously taken is prohibited.
- Removing licensing examination materials or property from the test site, making copies, such as using a cell phone to take photos, or any other type of electronic device, is prohibited.
- Seeking assistance outside the licensing examination test site by any means, including without limitation through the use of a cell phone or any other type of electronic device, is prohibited.

All persons participating in the licensing examination process have a responsibility to avoid cheating, improper conduct, and to report such conduct to KSSBEO. Any candidate who is aware of or suspects cheating or other prohibited conduct, must immediately report the same to the KSSBEO. Candidates who do not abide by this agreement, or who do not accept the responsibility of reporting unacceptable conduct, may be subject to the same penalties as those engaged in that conduct. Actions that may be taken by KSSBEO include cancellation of test results, disqualification from future examinations for a period of two years, and the requirement that licensure may only be obtained by examination.

Kansas State Board of Examiners in Optometry

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 A, 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 Number _____

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 'non applicable') _____

Place of Birth: City: _____ State _____ Country _____

Have you ever previously filed an application for admission to practice 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 of any disciplinary action or (c) within 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:

Have you ever been refused an optometry examination in any other jurisdiction?

Yes _____ No _____, If yes, give dates, places, reasons:

Have you ever changed your name by court order or otherwise? Yes _____ No _____

If yes, explain:

*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 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):

Do you have any other occupational licenses? Yes _____ No _____, if yes, please list

UNDERGRADUATE EDUCATION

(Submit official transcript).

College	City	State	Dates	Type of Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OPTOMETRIC EDUCATION

(Submit official transcript)

School	City	State	Graduation Date
_____	_____	_____	_____

Practical Experience

Name of Facility	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you intend to practice through virtual or remote means? Yes _____ No _____

If so yes provide a description and describe how you intend to comply with the standards required by K.A.R. 65-8-1:

65-8-1. Examination and adaptation procedures. (a) The following minimum standards for examination procedures shall be performed by a licensee during any examination conducted to determine if a prescription for corrective lenses should be provided:

- (1) visual acuity testing of each eye at far and nearpoint;*
- (2) external examination;*
- (3) refraction (objective and subjective);*
- (4) coordination testing;*
- (5) ophthalmoscopy;*
- (6) biomicroscopy; and*
- (7) Tonometry (if the patient is age 25 or over).*

(b) In addition to the minimum standards in (a), the following additional minimum standards for procedures shall be performed during any contact lens evaluation:

- (1) measurement to determine anterior curvatures of the cornea by use of an instrument capable of producing and providing reliable findings;*
- (2) evaluation of appropriate eye variables and biomicroscopic evaluation of lid health and corneal integrity;*
- (3) application of known diagnostic lenses to each eye to include evaluation of acuity, over-refraction, and biomicroscopic evaluation of lens fit with use of chemical dyes, as indicated; and*
- (4) discussion with the patient of the probable success and risks of contact lens wear.*

(c) In addition to the minimum standards for examination and evaluation procedures set out in (a) and (b), the following are additional minimum standards for procedures to be performed during any contact lens adaptation to determine a patient's first contact lens prescription:

- (1) provide patient adequate training in lens care, lens application and removal, lens wear, lens care solutions and products, and proper disinfection procedures;*
- (2) provide patient adequate training in proper wearing schedule, warning signs and recall intervals;*
- (3) provide for a minimum of two follow-up visits over a minimum period of the two months prior to determining the contact lens prescription; and*
- (4) visual acuity testing and biomicroscopic evaluation of each eye with and without lenses at each follow-up visit. (Authorized by K.S.A. 74-1504(a)(6); implementing K.S.A. 1991 Supp. 65-1501; effective May 18, 1992.)*

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, two must be optometrists familiar with your work in the field of optometry. 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 2 inches) TO EACH FORM BEFORE SUBMITTING IT TO YOUR REFERENCES.

Reference #1 _____

Reference #2 _____

Reference #3 _____

Perjury statement. I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge or belief.

Applicant's Signature

Date

The signature above indicates this individual has read statutes, rules, and regulations, understands and agrees to their considerations by KSSBEO.

**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 2") TO THIS PAGE BEFORE SUBMITTING TO CERTIFIER FOR SIGNATURE. RETURN FORM TO THE BOARD WITH PICTURE ATTACHED.

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