



**INSTRUCTIONS AND CHECKLIST FOR  
 EXPEDITED APPLICANTS**

**INSTRUCTIONS**

- 1. It is possible to qualify under both options on this application, but you can only chose one. Please read the entire application and Board rules before you begin to answer any questions and ensure that you have selected the best licensure route for your situation.
- 2. All questions must be answered. The burden of proof in satisfying the Board that you are eligible for licensure is upon you.
- 3. Rngcug" rtkpv"ng i kdn{.
- 4. Your **Initial License Fee of \$200.00 and Application Fee of \$175.00** must accompany your application. Your check or money order should be made payable to the “Board of Optometry”. **FEES ARE NON-REFUNDABLE.**
- 5. Contact each jurisdiction that you have been licensed in to request that an official verification of licensure be sent in a **sealed envelope** to the Board Office. Applications are incomplete until verification from all jurisdictions have been received.
- 6. Applicants for Expedited License must come from a state with licensing standards equal to or greater New Mexico’s standards. See 16.16.4.10 NMAC. (See Attached State by State Scope of Practice List)
- 7. Applicants for Expedited Licensure must pass the jurisprudence exam within ONE year of licensure. The Board’s rules and laws can be found at:  
<https://www.srca.nm.gov/nmac-home/nmac-titles/title-16-occupational-and-professional-licensing/chapter-16-optometric-practitioners/>

**CHECKLIST – To assist you in completing your applications please use the following checklist:**

**Expedited Licensure Applicants**

- Complete Application
- Verification of Licensure for each Jurisdiction
- Initial License Fee of \$200.00 & Application Fee \$175.00
- i p e n c e a





**EXPEDITED LICENSURE APPLICATION**

16.16.4 NMAC

**INITIAL LICENSE FEE: \$200.00**

**\*\*ALL FEES ARE NON-REFUNDABLE. \*\***  
**\*\*ALL LICENSING INFORMATION IS PUBLIC INFORMATION\*\***

**THIS IS A FILLABLE FORM.** Use your computer to enter information or print legibly.

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE					
MAILING ADDRESS					
CITY			STATE	ZIP CODE	
PERSONAL PHONE			BUSINESS PHONE		
EMAIL				<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS	
DATE OF BIRTH		PLACE OF BIRTH			
PREFERRED MAILING ADDRESS: <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS					
<b>LICENSURE INFORMATION:</b> List all states (or countries) in which you are or have been licensed, regardless of current status (attach additional pages if necessary):					
STATE/ COUNTRY	OBTAINED BY EXAM/ CREDENTIALS/ RECIPROCIITY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATIO N DATE
BCD USE ONLY					
RECEIVED ON:		PROCESSED BY:		RECEIPT NO:	
AMOUNT:		CHECK/MO #			



<b>EXAMINATION HISTORY</b>		
<b>Title of Exam Section</b>	<b>Date Taken and Passed</b>	
NBEO PART I		
NBEO PART II		
NBEO PART III		
NBEO PART IV		
TMOD		
<b>EDUCATION HISTORY</b>		
<b>OPTOMETRY SCHOOL:</b> List School Name and Graduation Date		
<b>QUESTIONS</b>		
Have you ever had your license, registration or certification disciplined, revoked, cancelled, suspended or placed on probation?	YES	NO
Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence by a state licensing board?	YES	NO
Are you a citizen of the United States or have you taken out your first naturalization papers?	YES	NO
Have you, during the past five years, had personal or legal problems with narcotics, alcohol or other dangerous drugs?	YES	NO
Do you have a medical condition which in any way impairs or limits your ability to practice optometry with reasonable care and safety?	YES	NO
Have you had a malpractice settlement or civil/criminal judgment against you?	YES	NO
Have you been actively engaged in the practice of optometry for the past seven years?	YES	NO
Does the jurisdiction in which you are licensed in have licensing standards equal to or greater than those of New Mexico?	YES	NO
<b>AFFIDAVIT</b>		
I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith and are true in every respect.		
_____	_____	
Signature of Applicant	Date	

