



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

## OPTOMETRIST APPLICATION- Reactivation

**APPLICATION FEE: \$300.00 FEE**

**\*\*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.

<b>PERSONAL INFORMATION:</b>			
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			
<b>PROFESSIONAL EDUCATION:</b> List all schools attended related to optometry below.			
School	City/State	Date Graduated	Degree Major
<b>BCD USE ONLY:</b>			
RECEIVED ON:	PROCESSED BY:	RECEIPT NO:	
AMOUNT:	CHECK/MO #		



**LICENSURE INFORMATION:** Are you now or have you ever been licensed as an O.D. in another state? If yes, please provide a copies of your licenses with this application: **YES NO**

STATE/COUNTRY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATION DATE

**PROFESSIONAL EXAMINATIONS:** List Passing NBEO Part I, Part II, and Part III the TMOD is a requirement to sit the exam.

Exam	State or NBEO	Date	Pass/Fail	Exam	State or NBEO	Date	Pass/Fail

**PROFESSIONAL REFERENCES:** List names of two currently licensed optometrists actively engaged in the practice of optometry, not related to you, each of whom you have asked to send a letter of reference **DIRECTLY** to the Board on your behalf.

Name of Optometrist	Complete Address with zip code	Phone #

**QUESTIONS:** Read the following carefully, **Circle Yes or No.** Please provide supporting documentation where appropriate.

1.	Have you ever used another name under which records relating to your application, education, training or experience may be filed?  Enter other names(s) used: _____	YES	NO
2.	Have you ever voluntarily surrendered a license or certification in any state, foreign country, territory, or institution?	YES	NO
3.	Have you ever resigned from practice, withdrawn a license, or surrendered a license, certificate or registration, during the pendency of disciplinary proceedings, or investigation for potential disciplinary proceedings?	YES	NO
4.	Are you currently engaged in the illegal use of controlled substances?	YES	NO



5.	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
6.	Are you currently in full compliance with all related child support orders, judgments, subpoenas and warrants?	YES	NO

**AFFIDAVIT AND NOTARIZATION:**

I hereby declare under penalty of perjury that this application for licensure is a true and complete affidavit containing no willful misrepresentation. I also understand that if I provide the Board of Optometry with false information on the Application for Licensure or on any supporting documentation to the application, or make a false statement to the Board, I may be subject to disciplinary action, including denial, suspension or revocation of licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

