

# Optician Application for Board Certification



**Board of Opticianry**  
**P.O. Box 6330**  
**Tallahassee, FL 32314-6330**  
**Website: <https://floridasopticianry.gov/>**  
**Email: [info@floridasopticianry.gov](mailto:info@floridasopticianry.gov)**  
**Phone: (850) 245-4474**  
**FAX: 850-921-5389**





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Do Not Write in this Space  
For Revenue Receiving Only

A board-certified optician may independently fill, fit, adapt, or dispense soft contact lenses.

**Board Certification \$50.00**

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. Application fees are non-refundable.

## 1. PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

**Mailing Address:** (The address where mail and your license should be sent)

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
State Zip Country Home/Cell Telephone (Input without dashes)

**Practice Location:** (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

\_\_\_\_\_  
Street Apt. No. City

\_\_\_\_\_  
State Zip Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male Race: Native Hawaiian or Pacific Islander Hispanic or Latino White  
Female American Indian or Alaska Native Black or African American Asian  
Two or More Races

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**2. SOCIAL SECURITY DISCLOSURE (REQUIRED)**

**This information is exempt from public records disclosure.**

Pursuant to 42 U.S.C. § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, s. 456.013(1)(a), F.S., authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security numbers are mandatory** pursuant to 42 U.S.C., §§ 653 and 654; and ss. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Name: \_\_\_\_\_

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

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**To be eligible for certification, applicants must hold a valid/current license to practice as an optician in the state of Florida.**

B. Provide your Florida Optician License #: **DO**\_\_\_\_\_

Is this license active?      Yes      No

**4. EDUCATION HISTORY**

**To be eligible for certification, applicants must have completed a 20-hour board certification course within a period of no more than two years prior to the date of application.**

Board-approved providers and courses may be found at [www.cebroker.com](http://www.cebroker.com).

Have you successfully completed a board-approved 20-hour board certification course within the past two years?      Yes      No

**If you responded “Yes,” provide proof of completion of the 20-hour course that includes the course name, course provider, number of hours awarded, and date of completion. Proof may be submitted by email to [MQA.Opticianry@flhealth.gov](mailto:MQA.Opticianry@flhealth.gov), or by mail to:**

**Board of Opticianry**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3257

