

**GOVERNMENT OF
THE VIRGINS ISLANDS OF THE UNITED STATES
- 0 -
DEPARTMENT OF HEALTH
3500 ESTATE RICHMOND, CHRISTIANSTED, VI 00820-4370**

**VIRGIN ISLANDS
BOARD OF OPTOMETRICAL EXAMINERS**

TEL. (340)718-1311 XT 3647 (STX)

Dear Applicant:

We have received your request for information concerning licensure to practice **Optometry** in the U.S. Virgin Islands.

Enclosed are an application and the requirements for licensure. Please fill out the application and submit with all necessary documents to the Board.

Your interest is appreciated. If we can be of further assistance, please feel free to contact us.

Sincerely,

Deborah Richardson-Peter, MPA

Dir. Office of Professional Licensure & Health Planning
For V.I. Board of Optometrical Examiners

Enclosure

REQUIREMENTS FOR OPTOMETRICAL LICENSURE IN THE U.S. VIRGIN ISLANDS

Applications for licensure shall be sent to the VI Board of Optometrical Examiners, VI Department of Health at **3500 ESTATE RICHMOND, CHRISTIANSTED, VI 00820-4370**. The applicant shall comply with the following requirements:

1. Submit application on the form prescribed by and obtainable from the Secretary, Board of Optometrical Examiners.
2. Submit a recent and dated unmounted photograph of passport size of himself/herself, autographed in ink across the back.
3. Submit a chronological account of all time spent between the date of graduation from the school of optometry school and time of submitting this application.
4. Be a graduate of an accredited school of optometry. Copy of degree is required.
5. Be twenty-one years of age or older. Submit copy birth certificate or similar evidence as proof.
6. Be of a good moral character as shown by two **current** dated letters of references from qualified physicians and/or optometrists in the state, which he/she is from.
7. All applicants must show official proof of passing the National Board of Optometric Examiners (NBEO) exam Parts I, II, III and TMOD sections.
8. Show proof of Cardio Pulmonary Resuscitation (CPR) certification for health care providers.
9. A candidate applying for licensure shall submit with his/her application the fee of **\$50.00** made payable to Government of the Virgin Islands.
10. Is not addicted to intemperate use of alcoholic stimulants or narcotic drugs. A notarized Affidavit signed by applicant attesting to the above must be furnished.

BOARD OF OPTOMETRICAL EXAMINERS FOR THE U.S. VIRGIN ISLANDS

APPLICATION FOR LICENSURE

*Do Not Write Below
Fee Stamp*

E-Mail _____	
Print Name _____	Phone _____
Address to which admission card should be sent _____	
City _____	State _____ Zip Code _____
Home Address _____	City _____ State _____ Zip Code _____
Birth date ____ / ____ / ____ Birthplace _____	
Citizen of _____ (If you were not born in the United States, your own <u>original certificate of Citizenship or of Declaration of Intention or of Derivative Citizenship must</u> be submitted. Document will be returned by certified mail).	
High School _____	Location _____
College _____	Location _____
Professional School _____	Location _____
Date graduated ____ / ____ / ____ Degree received _____	
If employed, give name and address of employer _____	

Has any State rejected your application or revoked your professional license? (Yes or No) _____ (If "Yes" attach explanation)	
Have you ever been convicted of any crime or unprofessional conduct? (Yes or No) _____ (If "Yes" attach explanation)	

App. Of Qualifications

Pre. By _____

Date: _____

Prof. By _____

Exp. By _____

Date _____

Approval of License

By _____

Date _____

By _____

Date _____

Lic. No. _____

To Cand. _____

Address _____

** New address _____

**PASTE PHOTOGRAPH
SECURE AFFIDAVIT SPACE**

Write signature on light portion
of photograph, not across features

Note: Any false or misleading information in or in connection with any application may be cause for debarment on the ground of lack of good moral character.

State of _____)
County or City of _____) ss

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has never been convicted of a crime; that he/she has never been expelled from any professional society; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

*A crime would include either a felony or a misdemeanor.

(Signature of Applicant)

Date of photograph

Sworn to before me this _____ day of _____ 20____

Notary Public

Commissioner of Deeds

My Commission expires on _____ / _____ / 20____

PERSONAL SIGNATURE OF PERSONS RECOMMENDING APPLICANT

This certifies that I have been personally acquainted with the applicant since the year(s) indicated opposite my name; that I believe him/her to be of a good moral character and worthy of licensure in the U.S. Virgin Islands; and that any reservations I may have about the applicant I agree to send by certified mail in a confidential letter to the Board of Optometrical Examiners of the U.S. Virgin Islands.

<u>Please Print Name</u>	<u>Personal Signature</u>	<u>P.O. Address</u> (Including street & city)	<u>Known Since</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Signatures are required by not fewer than three citizens unrelated to applicant who must be licensed in the profession for which an applicant wishes to be examined or who are members of the staff of the professional school.)

**Return Application to: V.I. Board of Optometrical Examiners
Department of Health
3500 Estate Richmond
Christiansted, VI 00820-4370**

VERIFICATION OF LICENSURE

APPLICANT IS REQUIRED TO COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH HE/SHE ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE OPTOMETRY. IF NEEDED, YOU MAY MAKE ADDITIONAL OF THIS PAGE.

To Whom It May Concern:

I am being considered for Optometry licensure in the Territory of the U.S. Virgin Islands. The V.I. Board of Optometrical Examiners requires that this form be completed by each state in which, I am now or have ever been licensed to practice my profession. Enclosed is my authorization for release of information. **Please forward this form directly to: VI Board of Optometrical Examiners, c/o Department of Health, 3500 Estate Richmond, Christiansted, VI 00820-4370**

Applicant's Signature

Name: _____

Address: _____

My License No. in your State: _____

THIS SECTION IS TO BE COMPLETED AND SIGNED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE VI BOARD OF OPTOMETRICAL EXAMINERS.

State/Territory of: _____

Full Name of Licensee: _____

License No.: _____ Issuance Date: _____

Is license current and in good standing? ____ If NO, furnish details. _____

Has any disciplinary action ever been taken against the above named Optometrist? ____ If YES, furnish details.

Comments, if any: _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Virgin Islands Board of Optometrical Examiners to assess and verify my educational background and professional qualifications, I hereby authorize the Board to:

- Make inquiries concerning such information about me to my employers (past and present), institution(s) or organization(s), my references, all governmental agencies and instrumentalities (local, state, federal or foreign);
- authorize the release of such information and copies of related records and documents to the Virgin Islands Board of Optometrical Examiners;
- authorize the Board to disclose to such person, employers, institutions, organizations, references, governmental agencies and instrumentalities identifying and other information about me sufficient to enable the Board to make such inquiries;
- release from liability all those who provide information to the Virgin Islands Board of Optometrical Examiners in good faith and without malice in response to such inquiries.

Signature

Date

Print Name

Subscribed and sworn to before me this ____ day of _____ 20____,

Notary Public

My Commission expire