



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**OPT**

FOR DIVISION USE ONLY

**Board of Examiners in Optometry**  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550  
Email: [BoardOfOptometry@Alaska.Gov](mailto:BoardOfOptometry@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/BoardOfOptometry](http://ProfessionalLicense.Alaska.Gov/BoardOfOptometry)

## Optometry License Renewal

### January 1, 2023 – December 31, 2024

- Your license lapses after December 31, 2022. There is no grace period — it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

#### PART I Payment of Fees

Renewal Fees: (Active License)	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(For licenses first issued on or before December 31, 2021)</i>	<b>\$600.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after January 1, 2022)</i>	<b>\$300.00</b>
Renewal Fees: (Retired License)	<input type="checkbox"/> Retired License	<b>\$150.00</b>
Renewal Fees: (Military Exemption)	<input type="checkbox"/> Military Renewal Fee Exemption	<b>\$ 0.00</b>

#### PART II Personal Information

<b>Full Legal Name:</b> Name change: <input type="checkbox"/>	First	Middle	Last	<b>Alaska Optometry License Number:</b>	
<i>If you have had a legal name change since your last license was issued, you must complete a <a href="#">Change of Name form</a>.</i>					
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street		City	State	Zip
<b>Contact Phone:</b>				<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.					
<b>Email Address:</b>				<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>					
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.					

## **PART III Statement of Compliance**

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements in Article 2 of 12 AAC 48.

**Licenses initially issued on or before December 31, 2020.**

I certify that I have successfully completed 40 contact hours of continuing education, which included at least 24 contact hours of ocular pathology or pharmacology, in accordance with 12 AAC 48 during the concluding licensing period of January 1, 2021 through December 31, 2022. I am aware that no more than three contact hours of credit in practice management is acceptable as continuing education credit.

- and -

At least two of these hours of education were in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

**Licenses initially issued between January 1, 2021 and December 31, 2021.**

I certify that I have successfully completed 20 contact hours of continuing education, which included at least 12 contact hours of ocular pathology or pharmacology, in accordance with 12 AAC 48 during the concluding licensing period of January 1, 2021 through December 31, 2022. I am aware that no more than three contact hours of credit in practice management is acceptable as continuing education credit.

- and -

At least two of these hours of education were in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

**Licenses initially issued on or after January 1, 2022.**

Licenses initially issued after January 1, 2022 are not required to provide evidence of continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

**Military Exemption.**

I certify that I have engaged in active-duty military service in a combat zone for at least six months as described in 12 AAC 48.230 during the January 1, 2021 to December 31, 2022 renewal period and request partial or full exemption to the continuing education requirements. I have attached a copy of official active-duty military orders as documentation required by 12 ACC 48.230(b).

### **Late Renewal Applicants**

**If your renewal is postmarked after December 31, 2022, answer the above AND below:**

Even though I am submitting my application after December 31, 2022, I have checked the appropriate box above to certify the method which I successfully meet the continuing competency requirements.

- or -

I certify that I did not complete all of the continuing competency requirements during the concluding licensing period of January 1, 2021, through December 31, 2022. However, as allowed under 12 AAC 02.965, I successfully completed some or all of the required continuing education on or after January 1, 2021 but prior to submitting this renewal application and have attached copies of all the certificates verifying I completed this education. Under 12 AAC 02.965, I understand that the hours I earned after December 31, 2022 to satisfy this renewal may not be used for the subsequent renewal period (January 1, 2023 – December 31, 2024).

- and -

I further certify that at least two of these hours of education were in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

- or -

None of these choices fit my situation. I have attached a signed and dated letter with an explanation.

## PART IV Office Address

Alaska Statute (AS) 08.72.181(c) requires that you provide your office address.

I am NOT currently practicing.

- or -

I AM currently practicing. My main office address is:

<b>Main Office Address:</b>	Street	City	State	Zip
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## PART V DEA Registration and PDMP Acknowledgment

1. **Providers with a DEA registration number valid to use in any state or practice location must register with the PDMP. Do you have a DEA Registration number?**

- a. **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will comply with mandatory use and refer to all applicable authorizing statutes and regulations. (Skip to Part VII.)
- b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I have not registered with the PDMP and acknowledge I must do so within 30 days of renewing this license.
- I acknowledge I must review a patient's prescription history prior to prescribing or administering a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

*If you're unsure of the DEA issue date, indicate January 1st of the estimated year.*

<b>DEA Registration Number:</b>		<b>Issue Date:</b>		<b>Expiration Date:</b>	
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- c. **YES**, I have an active DEA registration number valid to use in any state or practice location and am registered with the PDMP.
- I acknowledge I must review a patient's prescription history prior to prescribing or administering a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

*If you're unsure of the DEA issue date, indicate January 1st of the estimated year.*

<b>DEA Registration Number:</b>		<b>Issue Date:</b>		<b>Expiration Date:</b>	
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**PART VI AWARxE**

**ACCOUNT**

Before proceeding with this application, login to your PDMP account at *alaska.pmpaware.net* and indicate the following:

- I have logged into my account.
- I have verified my healthcare specialty is accurately listed and appropriate to my profession.
- I have verified my contact information is correct.
- I have verified my DEA number is accurate.

**DELEGATES**

Please review and verify the delegates listed on your account. Select only one (1) of the options below:

- I have verified no delegates exist in my account.

**-OR-**

- I have verified that all delegates listed on my account are accurate.

*Please list the delegate(s) name and license number(s). Be sure to include alpha-characters, if applicable.*

<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	

## PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

#### Since the date your last Alaska license was issued or renewed:

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  
 Yes  
 No
2. Have you been convicted of a crime or are you currently charged with committing a crime? For the purpose of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  
 Yes  
 No
3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, depression, (except for situational or reactive depression), psychotic disorder, or any other mental or physical disability which may impair or interfere with your ability to practice as an optometrist?  
 Yes  
 No
4. Have you been treated for substance abuse, or have you been addicted to, or excessively or illegally used, alcohol or a controlled substance which may impair or interfere with your ability to practice as an optometrist?  
 Yes  
 No

"Yes" Answers

If you answered "yes" to questions 3 or 4, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice optometry. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

Continuing Competency

Your license cannot be renewed unless you have met the continued competency requirements in Article 2 of 12 AAC 48.

Random Audit

The board will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.



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**Signature Page**

<b>Applicant Name:</b>	
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**PART VIII Agreement**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## General Information

### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal applications become available 30-90 days prior to the expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not alleviate the requirement to renew the license if you wish to continue providing services in Alaska.

### PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	





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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	