Board of Examiners in Optometry
3109 W 6th St, Suite A
Lawrence, KS 66049

Kansas
Board of Examiners
in Optometry

Phone: (785) 832-9986
Fax: (785) 856-2323
kssbeo@ks.gov
www.kssbeo.ks.gov

Laura Kelly, Governor

Attached is an application for licensure by reciprocity in Kansas.

Please note that the following documents are required:

1. A copy of your birth certificate
2. Transcripts sent *directly* from all colleges and optometry schools attended.
3. Three character references.
4. Sworn reciprocity statement by the Optometry Licensing Authority in your state of practice.
5. Certified copy of your current registration certificate or license
6. You must have passed all parts of the NBEO examination in order to be eligible for Kansas reciprocity Proof of 48 hours of continuing education in the 2 years prior to application
7. Fingerprints and check for $57.00 to Kansas Board of Examiners in Optometry for a criminal background check.
8. A check for $150.00 to the Kansas Board of Examiners in Optometry. The application fee is non-refundable.
9. All fees are waived for military spouse only with copy of military orders.

Applicants will be required to take the Kansas Optometry Law.

Criminal Background Check Instructions:

A. Contact the Board of Optometry for fingerprint packets at: kssbeo@ks.gov. Be sure to include the address where the packet is to be sent.
B. Contact your local law enforcement to arrange to be fingerprinted. Or, you may have it done at the KBI in Topeka Monday through Friday from 8:00 - 4:30.
C. Fingerprint cards and waiver **MUST** be mailed directly from the facility completing the prints.
D. It takes about 2-3 weeks for the Board of Optometry to receive the results of the background check, so be sure to complete this part of your application in plenty of time for the Board to have your results 14 days prior to approval by the Board at their next scheduled meeting.

Application for Licensure by Reciprocity

Please email this application to kssbeo@ks.gov and mail a fee of $150.00 payable to the Kansas Board of Examiners in Optometry (KSSBEO) to: Kansas Board of Examiners in Optometry, 209 W Central Ave. Ulysses, KS 67880

TO THE KANSAS STATE BOARD OF EXAMINERS IN OPTOMETRY:

I, _____ hereby petition the Kansas State Board of Examiners in Optometry for a therapeutic license by reciprocity, under the laws of the State of Kansas and the Rules and Regulations of the Kansas State Board of Examiners in Optometry. To evidence my qualifications and right to take such an examination, I show the following:

Full Legal Name: _____

Address: _____

City: _____State: _____ Zip:_____

Phone: _____Home☐ Cell☐ OE Tracker No:_____

NPI No:_____Email: _____

SSN*_____DOB: _____ Age: _____

Place of Birth: City: _____State: _____ Country: _____

Are you Active Military? Yes☐ No☐ Military Spouse? Yes☐ No☐ Honorably Discharged: No_____

Military Branch_____ Military ID_____

Please attach proof of status of a military service member, military spouse or circumstances of departure from military.

Do you reside in Kansas or intend to reside in Kansas? Yes☐ No☐ If currently residing in Kansas, provide proof of residency in Kansas (e.g., utility bill, lease, proof of ownership). If you intend to reside in Kansas, you must demonstrate a present or intention to reside in Kansas (e.g., lease / real estate contract)

Have you (a) ever had a license to practice optometry in any state revoked or suspended or ever voluntarily surrendered such a license; or (b) been the subject to any disciplinary action; or (c) within the 24 months preceding this application been the subject of an investigation or proceeding that could have led to disciplinary action by any state professional licensing authority? Yes☐ No☐

If yes, explain giving dates, places and reasons. (Attach additional sheets if necessary)

Have you ever been refused an optometry examination in any jurisdiction? Yes☐ No☐. If yes, give dates, places, and reasons

Have you ever changed your name by court order or otherwise? Yes☐ No☐ If yes, please explain

Have you ever been arrested, charged, convicted, or had expunged any criminal offense(s) other than minor traffic violations? Yes☐ No ☐ If yes, give date(s), places, and the nature of offense(s), and identify the court and case or docket number.

*You are required to provide your social security number as part of this application pursuant to 42 U.S.C.§ 666(a)(13) and K.S.A. 74-148. Your social security number will be used for identifying you, reporting to the National Practitioner Data Bank **and** will be provided to the Kansas Department of Revenue pursuant to K.S.A. 74-139 and Kansas Social Rehabilitation Services pursuant to K.S. A. 74-148 and 39-758.

STATES/PROVINCES IN WHICH YOU ARE OR HAVE BEEN LICENSED*
You must have each state complete a license verification form
Attach additional sheets if necessary
*You must have at a minimum of three consecutive years of active practice to be eligible for reciprocity.

State/Province	License Number	Date Issued	Expiration Date

UNDERGRADUATE EDUCATION

(Submit official transcript).

College	City	State	Dates	Type of Degree Earned

OPTOMETRIC EDUCATION

(Submit official transcript)

School	City	State	Graduation Date

Are you glaucoma certified? Yes☐ No☐

If graduated prior to 1996, describe training to become glaucoma certified.

Practical Experience

All previous practices employed or contracted at, or owned, and any other entities through which you provided optometric services must be disclosed along with the address and dates Attach additional sheets if necessary.

Name of Practice	Address	Dates	Hours worked on weekly basis

What is the legal name of your employer / practice that you have contracted with, if any?

If contracted, provide a copy of the independent contractor agreement.

Do you intend to engage in the active practice of optometry after licensure? Yes_☐___No_☐_____

If yes, identity the number of hours per week that you will practice in the state of Kansas after licensure:_____

Where is the physical location that you plan to practice?

Do you intend to practice through virtual or remote means? Yes☐__No_☐_

If yes provide a description and describe how you intend to comply with the standards required by K.A.R. 65-8-1:

65-8-1. Examination and adaptation procedures. (a) The following minimum standards for examination procedures shall be performed by a licensee during any examination conducted to determine if a prescription for corrective lenses should be provided:

(1) visual acuity testing of each eye at far and nearpoint;

(2) external examination;

(3) refraction (objective and subjective);

(4) coordination testing;

(5) ophthalmoscopy;

(6) biomicroscopy; and

(7) Tonometry (if the patient is age 25 or over).

(b) In addition to the minimum standards in (a), the following additional minimum standards for procedures shall be performed during any contact lens evaluation:

(1) measurement to determine anterior curvatures of the cornea by use of an instrument capable of producing and providing reliable findings;

(2) evaluation of appropriate eye variables and biomicroscopic evaluation of lid health and corneal integrity;

(3) application of known diagnostic lenses to each eye to include evaluation of acuity, over-refraction, and biomicroscopic evaluation of lens fit with use of chemical dyes, as indicated; and

(4) discussion with the patient of the probable success and risks of contact lens wear.

(c) In addition to the minimum standards for examination and evaluation procedures set out in (a) and (b), the following are additional minimum standards for procedures to be performed during any contact lens adaptation to determine a patient's first contact lens prescription:

(1) provide patient adequate training in lens care, lens application and removal, lens wear, lens care solutions and products, and proper disinfection procedures;

(2) provide patient adequate training in proper wearing schedule, warning signs and recall intervals;

(3) provide for a minimum of two follow-up visits over a minimum period of the two months prior to determining the contact lens prescription; and

(4) visual acuity testing and biomicroscopic evaluation of each eye with and without lenses at each follow-up visit. (Authorized by K.S.A. 74-1504(a)(6); implementing K.S.A. 1991 Supp. 65-1501; effective May 18, 1992.

Do you intend to outsource or provide any interest in any aspect and/or portion of your practice to a management company including, but not limited to, scheduling of patients and/or staff; ordering of supplies and/or products; any arrangement involving employees, equipment, furniture, fixtures, lease or purchase of office space, processing of claims for reimbursement, or of I/EMR or maintaining patient files? Yes☐__No_☐___

If yes, explain in detail and identify the compensation arrangement with the management company. Provide a copy of any contract entered into with the practice management company.

Are you, or have you been, licensed in any other profession? Yes_____☐_____No_____☐_____

If yes, identify the license, state or jurisdiction of licensure, explain the current status of your other license(s), and whether or not such other license has been subject to sanction or discipline?

Have you been subject to any proceeding or received a court order finding that you are in contempt of court in a child support proceeding pursuant to K.S.A. 20-1204a? Yes_☐ ___No_☐ ____

REFERENCES/PROOF OF GOOD CHARACTER

Three written character references must be sent to the Board office; two must be from optometrists familiar with the applicant's work. If the applicant is a student or recent graduate, one reference shall be from the academic supervisor. For all other applicants, one reference shall be from the current or most recent work supervisor. References from individuals other than optometrists may be accepted under extenuating circumstances and shall address the applicant's moral character. The Board requests, but does not require, that at least one of the certificates provided be signed by a Kansas optometrist in actual practice. For the convenience of the applicant, the certificates are on separate sheets following the application that can be mailed to persons asked to confirm good character. Please have the certificates mailed back to you so you know they have been completed and then forward them to the Executive Officer of the board. ATTACH A COLOR PHOTO OF YOURSELF (at least 2 X 3 inches) TO EACH FORM BEFORE SUBMITTING IT TO YOUR REFERENCES.

Reference #1 _____

Reference #2 _____

Reference #3 _____

Perjury statement. I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge or belief.

_____ _____

Applicant's Signature Date

The signature above indicates this individual has read statutes, rules, and regulations, understands and agrees to their considerations by KSSBEO.

Board of Examiners in Optometry
209 W Central Ave.
Ulysses, KS 67880

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REQUEST FOR LICENSE VERIFICATION

APPLICANT: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Applicant Name:_____Date of Birth_____SSN_____

Address:_____

City: _____State: _____Zip_____

Email address:_____

License Number: _____Date of Issuance_____

I hereby authorize the state of _____to furnish the Kansas Board of Examiners in Optometry with the information below.

Signature of Applicant: _____Date_____

DO NOT WRTIE BELOW THIS LINE

.

State:_____License #: _____Date Issued:_____Expiration Date: _____

Current License Status: Active_____Inactive_____Lapsed_____Other _____

Licensed by: National Board Examinations _____

State Examination(s)_____Written_____Practical _____

Reciprocity/Endorsement_____From which state_____

If licensed by state examination, provide subjects and scores.

_____

Has this license ever been revoked, suspended, surrendered, restricted, limited, or placed on probation?

YES_____NO_____ **IF YES, PLEASE EXPLAIN ON REVERSE SIDE OR PROVIDE COPIES OF DISCIPLINARYACTION TAKEN.**

Is applicant currently under investigation or charged with a violation of the practice act?
YES_____NO_____**IF YES PLEASE EXPLAIN ON REVERSE SIDE OR ATTIONAL ADDITIONAL SHEETS**

FORM COMPLETED BY:

_____
Signature Date

_____
Printed Name Title

_____
State Board Telephone E-mail Address

CERTIFICATE OF GOOD CHARACTER

I,_____, certify that I have known the applicant,_____, for_____years and he/she is of good moral character. I also certify that the attached photograph is a likeness of the said applicant. I (AM) (AM NOT) familiar with the applicant's work in the field of optometry. I hereby recommend said applicant for a license to practice optometry in the State of Kansas

_____

(Signature) (Date)

_____

(Street Address) (City) (State) (Zip)

Telephone _____

To the applicant: PLEASE ATTACH A RECENT COLOR PHOTOGRAPH (at least 2 X 2") TO THIS PAGE BEFORE SUBMITTING TO CERTIFIER FOR SIGNATURE. RETURN FORM TO THE BOARD WITH PICTURE ATTACHED.

ATTACH COLOR PHOTO OF APPLICANT HEREPRIOR TO SIGNING

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