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Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Board for Hearing Aid Specialists and Opticians
OPTICIANS EXAMINATION & LICENSE APPLICATION
Fee $114.50*

A check or money order payable to the TREASURER OF VIRGINIA,
***or* a completed credit card insert must be mailed with your application package.**
APPLICATION FEES ARE NOT REFUNDABLE.

- Applicants are required to attach successful completion of high school or a high school equivalency course.
- To obtain a Contact Lens Endorsement, you must submit a *Contact Lens Endorsement Application*.
- **The American Board of Opticianry (ABO) will be administering both the theory and the practical examination.** The Board will notify all candidates once they have been approved to sit for the examination. Visit the ABO's web site at **www.abo-ncle.org** for exam dates and information.
  All applicants must pass the written and practical examination within two years of the initial test. After two years, applicants must submit a new application and pay the required fee.

Select **one** method you are using to apply:

✖	Method of Licensure	Trans Code
☐	License by Examination	1010
☐	License by Endorsement	1012

1. Have you ever passed the ABO examination?
   No ☐
   Yes ☐ If yes, provide the dates of examinations and attach a copy of the ABO certificate(s):
   Practical Exam _____ (MM/DD/YYYY) Theory Exam _____ (MM/DD/YYYY)

2. Have you ever held an Optician License issued by the Board for Hearing Aid Specialists and Opticians?
   No ☐
   Yes ❖ ☐ Virginia Opticians License No. ☐☐☐☐☐☐☐☐☐☐
   ❖ If yes and your license expired more than 60 days ago, but less than 24 months ago, you are required to **reinstate** your Virginia Optician License by completing an *Optician License Reinstatement Application*. DO NOT COMPLETE THIS LICENSE APPLICATION.

3. Full Legal Name (As it appears on your government issued ID or other legal documentation.)
   _____ Last (required) _____ First (required) _____ Middle _____ Suffix

4. Provide at least **one** of the following identification numbers✳:
   ☐ ***Social Security Number*** *and/or* ☐☐☐ - ☐☐ - ☐☐☐☐
   ☐ ***Virginia*** DMV Control Number ☐☐☐☐☐☐☐☐☐
   ➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.
   ✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the ***Virginia*** Department of Motor Vehicles.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					1101	

**Pursuant to 2026's House Bill 30, DPOR is to charge a Technology Fee equal to $7.25 per year.*

5. Date of Birth _____ (Must be 18 years of age.)
MM/DD/YYYY

6. Maiden or Former Name(s) _____

7. Provide Mailing Address (P.O. Box accepted). The mailing address will be printed on the license.

Address _____

APT/Unit # _____

City _____ State (abbr.) _____ Zip Code _____

8. Street Address (P.O. Box **not** accepted). **Physical Address Required.**

☐ Check here if Street Address is the **same** as the Mailing Address listed above.

Address _____

APT/Unit # _____

City _____ State (abbr.) _____ Zip Code _____

9. Contact Numbers _____ _____ _____
Primary Telephone | Alternate Telephone | Fax

10. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

11. Are you applying through endorsement as an optician currently licensed, certified or registered in another state?

No ☐

Yes ☐ If yes, list all the licenses, certificates, and registrations in the following table. The Certification of Licensure/Letter of Good Standing◆ must be sent directly to the Board at hasopt@dpor.virginia.gov and must be dated within the last 60 days from each jurisdiction.

State/Jurisdiction	What type of examination did you pass?	License, Certification or Registration Number	Expiration Date
	Written ☐ Practical ☐		
	Written ☐ Practical ☐		
	Written ☐ Practical ☐		

◆ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

12. Which **education requirement** have you met in order to qualify for a Virginia Optician License?

☐ Completion of a two-year course in a school of Opticianry accredited by the Commission on Opticianry Accreditation, including the study of topics essential to qualify for practicing as an optician.

School Name & Location _____

Date Enrolled _____ Date Completed _____

Required Attachments: *Attach an official transcript showing successful completion of the program.*

☐ Completion of a two-year apprenticeship with a minimum of one school year of related instruction or home study while registered in the apprenticeship program in accordance with the standards established by the state Department of Workforce Development and Advancement, Division of Registered Apprenticeship, and approved by the board.

Required Attachments: *Attach a Apprenticeship Completion Form with original DWDA verification stamp.*

13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

14. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** involving sexual offense, physical injury, drug distribution, or crimes involving the profession of opticianry?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any misdemeanor involving sexual offense or physical injury within the past three years?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

Consent to Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a *Virginia Optician License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

15. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Optician Regulations*.

Signature _____ Date _____