

# **Professional Credential Services, Inc.**

P.O. Box 198689 - Nashville, TN 37219-8689  
[www.pcshq.com](http://www.pcshq.com)

**Licensure Application**  
**for the**  
**Commonwealth of Massachusetts Board of Registration of**  
**Optometry**

The Commonwealth of Massachusetts Board of Registration for Optometry has authorized Professional Credential Services (PCS) to process its Optometry licensure applications. **Applicants for licensure in Optometry must submit all of their information directly to PCS.** The Massachusetts Board of Optometry is the final authority with respect to issuance of the license.

## INSTRUCTIONS

All candidates must complete the licensure application, typewritten or neatly printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on the application must be answered.

## REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or e-mail.

Toll-free: (877) 887-9727

Local: (615) 880-4275

E-mail: [maoptometry@pcshq.com](mailto:maoptometry@pcshq.com)

## INITIAL LICENSURE

Candidates who have never received licensure in another state must apply by Initial Licensure. PCS must receive the following to process your application:

- a. A completed *Application for Massachusetts Optometry License*, including a 2x2 passport type photo and any supporting documentation.
- b. A completed Criminal Offender Record Information Request Form.
- c. An official transcript from your college or university.
- d. An official transcript from an accredited school of Optometry. Official transcripts must include your graduation date and carry the official seal of the school. The transcript may be sent directly to PCS or may be included with the application in a school sealed envelope.
- e. A certified transcript indicating your passing scores sent directly from the National Board to PCS for Parts I, II, III, and TMOD. (NERCOATS not accepted after 1/1/97.)
- f. CORI (Criminal Offender Record Information) Form
- g. Payment of **\$460.00** Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to PCS and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**

## LICENSURE BY RECIPROCITY

Candidates who have been licensed in another state must apply by reciprocity. PCS must receive the following to process your application:

- a. A completed *Application for Massachusetts Optometry License*, including a 2x2 passport type photo and any supporting documentation.
- b. A completed Criminal Offender Record Information Request Form.
- c. An official transcript from your college or university.
- d. An official transcript from an accredited school of Optometry. Official transcripts must include your graduation date and carry the official seal of the school. The transcript may be sent directly to PCS or may be included with the application in a school-sealed envelope.
- e. CORI (Criminal Offender Record Information) Form
- f. A certified transcript indicating your passing scores sent directly from the National Board to PCS for Parts I, II, III, and TMOD. (Part III should reflect a date after 1/1/97. NERCOATS was accepted before 1/1/97.)
- g. Verification of licensure from all other states in which you have been licensed, indicating you are in good standing. This is necessary whether the license is current or expired. You will have to contact each state

to request this document be sent directly to PCS on your behalf. The candidate must ask the state(s) that the candidate is currently licensed in, if that state would accept a Massachusetts candidate as a reciprocal candidate. The Board in question will need to submit this information in a letter to PCS. This is required for the file to be complete.

- h.** Payment of **\$460.00** Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**

## **MASSACHUSETTS JURISPRUDENCE EXAMINATION**

All candidates are required to take the Massachusetts Jurisprudence exam. After you are determined eligible for the exam, PCS will issue an authorization to test (ATT) to you for the Jurisprudence exam.

The Massachusetts Jurisprudence exam is offered on a daily basis at PSI testing facilities located throughout the United States. The exam is one hour in length and contains 25 multiple-choice questions. The examination pertains to the Massachusetts General Laws and the Code of Massachusetts Regulations as they relate to the practice of Optometry in the Commonwealth.

You will receive the results of the Jurisprudence exam at the PSI test site upon completion of the exam. Failing examinees will be given re-scheduling information.

## **ADDITIONAL LICENSURE PROCEDURES**

When all licensure requirements are met (the forms are properly filled out, all documents are received, and you have passed the Jurisprudence exam), you will receive notice of licensure and your licensure status will be posted on the Board's web site. The Board will mail the wallet license within 6 weeks of the web site posting.

If you are being initially licensed with TPA certification, you must submit a separate application with the MA Department of Public Health Drug Control Program in order to exercise your prescribing privileges. You may reach that office by telephone at 617-983-6700 or at <http://www.mass.gov/dph/dcp/dcp.htm>.

If you are applying for licensure by reciprocity and you are seeking DPA or TPA certification, please review the DPA/TPA explanation available on the web site of the Massachusetts Optometry Board at: [http://www.mass.gov/dpl/boards/op/forms/dpa\\_and\\_tpacert.pdf](http://www.mass.gov/dpl/boards/op/forms/dpa_and_tpacert.pdf).

Some license applications will require the attention of the Board. You will be notified by PCS if your application must be addressed in this forum.

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## **MAIL COMPLETED APPLICATION MATERIALS TO:**

### **Postal Address:**

**Professional Credential Services, Inc.  
Attn: MA Optometry Coordinator  
P.O. Box 198689  
Nashville, TN 37219-8689**

### **Overnight Courier Address:**

**Professional Credential Services, Inc.  
Attn: MA Optometry Coordinator  
150 Fourth Avenue North, Suite 800  
Nashville, TN 37219**

# Application for Massachusetts Optometry License

**Type of Applicant:** ☐ Initial Licensure \$460.00 ☐ Licensure by Reciprocity \$460.00

- A. Biographical Information.** Provide your full name, date of birth, social security number, and mailing address. It is very important that this section be completed in full.

First Name Middle Initial Last Name Other (Maiden)

Print your name as it should appear on your license

## Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

- B. Education.** Provide high school, undergraduate and graduate college or university information, major, degree, and date of graduation. Be sure to include College of Optometry. *Transcripts must be sent to PCS directly or included in school-sealed envelopes.*

High School	Location		Date of Graduation
Undergraduate College/University	Location	Major	Undergraduate Degree & Date of Graduation
Graduate College/University	Location	Major	Graduate Degree & Date of Graduation

- C. Licensure in other jurisdictions.** This section is applicable to persons who have ever been or currently are licensed to practice as an optometrist.

List all professional licenses/certifications you hold in the United States or any other country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state.

State	Profession/ License Number	Date Licensed	Current	Lapsed	Revoked/ Suspended	Probation

**D. Disciplinary Questions.** Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

1. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any other country or foreign jurisdiction?
2. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any other country or foreign jurisdiction?
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any other country or foreign jurisdiction?
4. Have you ever applied for and been denied a professional license in the United States or any other country or foreign jurisdiction?
5. Have you ever been convicted of a felony or misdemeanor in the United States or any other country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100 was assessed?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**E. General Questions.** Answer each of the questions listed. If you answer no to any, please attach an explanation.

1. Pursuant to M.G.L. Chapter 62c, Section 49A, I have filed all State returns and have paid all State taxes required under law.
2. Pursuant to M.G.L. c.119, s.51A and c.112, s.1A, I certify that I understand my obligation to report the abuse or neglect of children.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**F. Membership in Optometry Societies or Organizations.** List any memberships currently held in optometry Societies or Organizations.

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**G. Certification of Pending Graduation.** Students in their final semester of Optometry college may apply for licensure only if this section is completed by the Dean of their School of Optometry. The college seal must be affixed where indicated.

I, \_\_\_\_\_, as Dean of  
Name of Dean

\_\_\_\_\_ located at  
School of Optometry

\_\_\_\_\_ and at  
Address

telephone number \_\_\_\_\_ certify that \_\_\_\_\_ will  
Telephone Number with Area Code Name of Applicant

receive the degree of \_\_\_\_\_ on \_\_\_\_\_.  
Degree Name Month / Day / Year

\_\_\_\_\_  
Signature of Dean

**Affix School Seal Here**

**H. Special Accommodations.** In accordance with the Americans with Disabilities Act, special accommodations will be provided at the examination site for applicants who qualify.

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Check here if you require special accommodations at the examination site for a disability. Please attach official medical documentation from your health care provider describing your condition. You must also indicate the type of modifications needed.

- I. **Affidavit.** By signing this application, the applicant attests that this section has been read and fully understood. The application must be signed by the applicant and in the presence of a Notary Public in order to be processed.

Please be sure to write your date of birth and Social Security Number in numbers 1 and 2.

- J. **Applicant Signature.** Applicant MUST sign in the presence of a Notary Public, and list date of birth.

- K. **Photo.** Applicant must attach a 2"x2" passport size photograph to the application. Photocopies or computer generated photographs **are not** accepted.

By my signature below, I certify, under the pains and penalties of perjury, that:

1. I am the applicant named in this application and by date of birth is \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_ YY
2. My Social Security Number issued by the US Social Security Administration \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*
3. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Optometry to deny, suspend, or revoke a license to practice as an Optometrists, in accordance with Massachusetts law.
4. I shall abide by the rules and regulations of the Massachusetts Board of Optometry, as contained in Chapter 259 of the Code of Massachusetts Regulations.
5. Pursuant to M.G.L.c. 119, s. 51A, and M.G.L.c. 112, s.1A, I understand my obligation to report the abuse or neglect of children.
6. Pursuant to M.G.L.c 62C, s. 49A, I have filed all Massachusetts State income tax returns and paid all taxes required by law.
7. The Massachusetts Board of Optometry, Division of Professional Licensure, has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for Optometrist license, I acknowledge a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure
8. I understand that all fees are non-refundable and non-transferable.
9. I am aware that under Massachusetts law, optometrists can only work in licensed or licensed exempt facilities.

**Applicant's Signature (signed in the presence of a Notary Public) & Date of Birth (MM/DD/YYYY)**

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth. Accordingly, no application will be PROCESSED without the inclusion of YOUR valid Social SECURITY NUMBER.



On \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Print Name of Notary Public

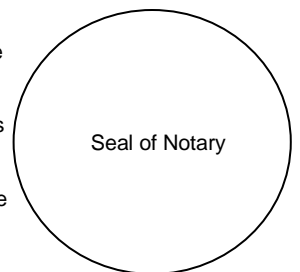
\_\_\_\_\_  
Signature of Notary Public

My Commission expires on \_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (Applicant's name), proved to me through satisfactory government issued evidence of identification, which was \_\_\_\_\_ (type of identification presented), to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

\_\_\_\_\_  
(Official signature)

\_\_\_\_\_  
(Name Notary)



**BOARD OF REGISTRATION OF OPTOMETRY  
CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

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*Last Name	*First Name	Middle Name	Suffix
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\*Maiden Name (or other name(s) by which you have been known)

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*Date of Birth	Place of Birth
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\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

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Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

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Notary Public:

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Notary Commission Expires On





## Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below:

- ☐ Certified Check
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one: ☐ Visa or ☐ MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form.**

*Note: This document will be shredded after it has been processed*