

QUICK TIP: Optometrist Renewal Instructions

The screenshot shows the Ohio Professional Licensure website. At the top left is the Ohio logo and "Professional Licensure". At the top right are navigation links: HOME, LICENSE LOOK-UP, FILE A COMPLAINT, and LOG IN. The main banner features a photograph of the Ohio Statehouse with the text "WELCOME TO Professional Licensure for the State of Ohio" and a red button that says "LOGIN / CREATE YOUR ACCOUNT". Below the banner are tabs for "INDIVIDUAL" and "BUSINESS". The "Verify a License" section includes instructions: "To verify a license, select Individual or Business, enter search criteria and click Search to see the results." The search form has fields for "First Name", "Last Name", "License Number", and "Board Name" (a dropdown menu with "--None--" selected). An "OR" separator is between the name and license number fields. A blue "SEARCH" button is at the bottom.

Application Instructions

Before Completing Renewal Application

Applicants will be required to complete the renewal application in its entirety and pay a non-refundable licensure fee of \$175. Applicants will be required to upload any required documents as a result of an affirmative answer provided in the Questions portion of the renewal application, license specific certifications, and to have a valid credit card (Visa or Mastercard).

Required Documents for Renewal Application Submission

The renewal application contains a Questions portion that consists of standard enforcement questions as well as license specific certifications. If you answer Yes to one of the questions in this portion of the application, you will be required to provide an explanation that includes the date, place, reason and disposition of the matter in the comments box. Additionally, an attachment may be required in the **Attachment** portion of the renewal application for certain questions that appear in this area, such as documentation related to arrests/criminal actions.

After You Apply

Following submission and payment for your renewal application you will receive an email confirming renewal application submission and payment. If you need to contact the Board please email board@vision.ohio.gov or visit the Board's website at www.vision.ohio.gov.

A red-bordered callout box with a red arrow pointing to a blue button labeled "PROCEED TO APPLICATION". The text inside the box says "Click on PROCEED TO APPLICATION".

Welcome to your eLicense Dashboard

[+ APPLY FOR A NEW LICENSE](#) [MY HISTORY](#)

Are you looking to apply for a new business license? First, add your business by clicking here before applying.


Select **OPTIONS**



Your Licenses

To renew, edit, or update your license, please click on the Options button. Applications for a license are also shown on the bottom of the dashboard page.

SORT BY ▾


	Vision Professionals Board Therapeutic Optometrist [Redacted] Vision Professionals Board	ACTIVE	EXP DATE 12/31/2019	OPTIONS ▾
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Your Licenses

To renew, edit, or update your license, please click on the Options button. Applications for a license are also shown on the bottom of the dashboard page.

Select **RENEW.**

SORT BY ▾

	Vision Professionals Board Therapeutic Optometrist [Redacted] Vision Professionals Board	ACTIVE	EXP DATE 12/31/2019	OPTIONS ▾
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- Renew
- Reinstate
- Request To Go Inactive
- CE Completed
- Continuing Education Waiver
- Update Secondary Email
- Change Address
- Change Name
- Replacement Certificate
- Send License Verification

New License Applications

To edit or withdraw an application, please click on the Options button.

SORT BY ▾

The license application process is very simple.

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License Renewal Application

Personal Information

Background

Questions

Attachments

Review + Submit

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

Title
[Redacted]

First Name
* [Redacted]

Middle Name
[Redacted]

Last Name
* [Redacted]

Maiden Name
[Redacted]

* Social Security Number
[Redacted]

* Date of Birth
[Redacted]

* Email Address
[Redacted]

Phone Number
* [Redacted]

Other Phone Number
[Redacted]

What is your U.S. Residency status related to your employment?
* United States Citizen

Do you consider yourself Hispanic, Latino/a or of Spanish origin?
* Available: Yes, Mexican, Mexican American, Chicano/a; Yes, Puerto Rican; Yes, Cuban
Chosen: No

What do you consider your race?
* Available: American Indian or Alaska Native; Asian Indian; Black or African American; Chinese
Chosen: White

List languages you personally use to communicate with patients excluding an interpreter or software
* Available: English; Afrikaans; Arabic; Assamese
Chosen: [Empty]

Select LANGUAGE by clicking the arrow

Please scroll through the language options under the Available column, highlight your choice(s) and click the right arrow (>) to move your choice(s) over to the Chosen column.

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Individual National Provider Identifier - if not applicable leave blank

Enter home US zip-code. Enter NA if unavailable

*

Do you have other aliases?

No

What is your gender?

*

In which country were you born?

* United States

In which state were you born (if United States)?

In which city were you born?

What is your primary employment status?

* --None--

Which of the following best describes your five-year employment plan?

* --None--

**Must Answer
Both Questions**

Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for

healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

✓ ADDRESS SAVED SUCCESSFULLY

USE DIFFERENT ADDRESS

License Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

✓ ADDRESS SAVED SUCCESSFULLY

USE DIFFERENT ADDRESS

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

*

If you answered "Yes", are you currently serving in the military?

*

Has your spouse served in the military?

*

If you answered "Yes", are they currently serving in the military?

*

I decline to Answer these questions and I understand by not answering, I may not receive expedited/priority licensing service, temporary licensure, extended time allowances, or a waiver of fees, if applicable, for me or my eligible spouse.

Ohio Department of Veterans Services

OhioMeansJobs

Select **Yes**, if **"ACTIVE"** (fee is waived)

Select **No** if **Reserve**.

Select **SAVE AND CONTINUE**

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION



License Renewal Application

Progress bar with five steps: Personal Information, Background, Questions, Attachments, Review + Submit. The 'Background' step is currently active.



Education History

To add an educational institution to your profile, click the ADD EDUCATION button.

- If you are entering education history for a school of Optometry that is approved by the AOA, begin typing the name of the school into the Education Institution field. As you type, the name of your school should auto-populate. Once it does, click on it to select it.
- If you are entering any other education history, type other into the Education Institution field and select the **Other** value. You will then enter your school's name and address in the fields that appear.

Repeat this process for all education entries. All fields marked with (*) are required. Once finished, continue with the next Background sections or click the SAVE ADD CONTINUE button.


If you did not receive a degree, please select "Not Applicable" as the degree type and do not enter a graduation date.

State University ... undefined 10/10/1986  

ADD EDUCATION

Employment History

To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.



Self Employed Optomet... 10/10/1986 Current 

ADD WORK HISTORY

License Verification

To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with (*) are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon. To delete an added license, click the trash can icon.

ADD LICENSE

License Number	License Type	Other License Type	Board Name	Status	Expiration Date	Country	State
	Optometrist	---	Vision Professional Board	active		United States	Ohio 

ADD EMPLOYMENT LOCATION

Must select ADD EMPLOYMENT LOCATION and complete required fields.

Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

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8 hours/per week

Name of Practice Site
*

Practice Settings
*

Street Address
*

City
*

State
OH

Zip/Postal Code
*

County
*

Major area of focus or specialty at this practice site
* Therapeutic Optometrist

Total hours worked at this practice site, per week
* 8

Percent of time spent per week in each of the following at this practice site:

Direct Patient Care 100

Teaching/Academic 0

Research 0

Professional Services 0

Administrative Activities 0

Other 0

Total Percentage 100

Do you have hospital admitting privileges for patients from this practice site?
* No

Which of the following best describes your current employment arrangement?
* Self-Employed

Is this an intern/resident position?
* No

Are you employed as a federal employee at this practice site?
* No

Are you accepting new patients at this practice site?
* Yes

CANCEL SAVE

Select **SAVE**

Select **SAVE AND CONTINUE**

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

Personal Information

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Review + Submit

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Since your last application or renewal, has any Board or Agency, other than this Board, in any way limited, restricted, suspended or revoked any professional license or certificate granted to you; placed you on probation or imposed a fine or reprimand against you?

Yes No

Since your last application or renewal, have you (in the past 12 months) been arrested, convicted, charged, pardoned, had records expunged, pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction, including any alcohol or drug of fences, regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? (DUI is NOT a minor traffic violation)

Yes No

Since your last application or renewal, have you been summoned into court or an administrative proceeding as a defendant or respondent or had any lawsuit filed against you (practice related)?

Yes No

Answer Questions and **Select SAVE AND CONTINUE**

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

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Attachments

If applicable, upload the continuing education completion certificates for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Select **SAVE AND CONTINUE** UNLESS YOU ANSWERED "YES" TO ONE OF THE QUESTIONS ABOVE

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

Application Review Completed

Check I accept and sign your name as it appears below

Attestation

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application.
PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

Proceed to method of Payment.

AFTER PAYMENT IS RECEIVED, TWO EMAILS WILL BE AUTOMATICALLY GENERATED:

1. A receipt of payment email; and
2. A congratulatory letter email with an attachment of your printable license renewal card. Please print the renewal card for public display. No service request is necessary.