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## New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

### New Mexico Board of Examiners in Optometry

Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505  
(505) 476-4945 ▪ Fax (505) 476-4620 ▪ [www.rld.state.nm.us/optometry](http://www.rld.state.nm.us/optometry)

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## 2009 ANNUAL RENEWAL

*Your New Mexico Optometry license expires on **JULY 1, 2009**. This renewal must be received before that date.*

### INSTRUCTIONS

1. *Type* or *print* legibly. If you print, the board must be able to read your writing.
2. Provide *all* information as requested. Fill out the form completely including all information on license status, continuing education, other state licensure; answer all questions, and provide other business affiliations.
3. Attach proofs of attendance of **22 hours** of Board approved continuing education.
4. Optometrists holding certificates in Ocular Therapeutics must attend a minimum of **ten (10) hours** in therapeutic pharmaceutical agents (TPA) as related to the treatment and management of ocular disease (TMOD). The ten (10) hours of TPAs are included with the 22 hours of continuing education.
5. Attach a copy of current CPR certification (not to be used as continuing education).
6. Submit your completed application to the address listed above with the appropriate fees, and have your signature witnessed by a notary.
7. There is no grace period for licenses placed on *Inactive Status*. The *completed* application must be received with a postmark date on or before July 1, 2009 (See *16.16.9.8 and 16.16.9.10 NMAC*).
8. **Annual Renewal forms postmarked after JULY 1, 2009, must include a late penalty fee of \$300 + renewal fee of \$225 for a total of \$525.** See information on renewal grace period in *16.16.10.7 NMAC*.
9. Practicing without a valid, renewed license is a violation of the Optometry Act and the Board's Rules.

**New Mexico Board of Examiners in Optometry  
2009 RENEWAL FORM**

**INDICATE RENEWAL STATUS**

- RENEWAL – Fee \$225**                       **INACTIVE – Fee \$225**  
 **LATE – Fee \$225 + \$300 = \$525**             **RETIREMENT**

NMBEO License #: \_\_\_\_\_ NM TPA Certificate # \_\_\_\_\_

*Check to indicate changes to your address or phone number.*

Name: \_\_\_\_\_, O.D.

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**EDUCATION**

**TOTAL CE hours attended:** \_\_\_\_\_. *List each CE course attended and **attach proof of completion** for each. Attach additional pages if necessary.*

<i>Dates attended</i>	<i>Course or conference title</i>	<i>TPA Yes</i>	<i>TPA No</i>	<i>Sponsor or approval body</i>	<i># of CEs</i>

<input type="checkbox"/> CPR Certification	Company teaching Certification: _____	Expiration date: _____
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**CONFIDENTIAL INFORMATION**

Yes  No Have you ever been licensed as an Optometrist in another state? If yes, provide details:

<i>State</i>	<i>License #</i>	<i>TPA Certificate #</i>	<i>Original issue date</i>	<i>Expiration date</i>

Yes  No Has any limitation or restriction, action, including disciplinary action or any agreement for any reason, including rehabilitation, been taken or entered against any of your optometry state licenses by any licensing board within the last year or during this renewal cycle?

Yes  No Have any of your optometry licenses been suspended or revoked within the last year or during this renewal cycle?

Yes  No Has any application for an optometry license or renewal application been denied approval pursuant to disciplinary proceedings within the last year or during this renewal cycle?

Yes  No Have you knowingly failed to renew a license during an investigation or disciplinary action?

**New Mexico Board of Examiners in Optometry  
2009 RENEWAL FORM**

- Yes  No Have you received a deferred prosecution or judgment or been convicted of or pled guilty *or nolo contendere* to felony or misdemeanor (not including traffic violations) in any state, territory or district of the U.S. or a foreign country within the last year or during this renewal cycle?
- Yes  No Are you currently more than one month in arrears in court ordered child support payments in NM or any other state?

*If you answered yes to any of the above questions, explain fully on a separate sheet of paper and provide copies of the final judgments and other relevant documents.*

**Tax I.D. #** \_\_\_\_\_ **DEA Registration #** \_\_\_\_\_

List primary business and satellite locations where you practice by the **name** of the business (e.g. Eye Care; Vision Care; John Smith, OD; CL Connections; etc.). Under **Employment Status**, list for each location whether self-employed, partnership (with OD or MD, etc), employed by (OD, MD, HMO, etc.), lease, corporation, independent, etc. If necessary, attach a separate sheet with additional information.

Business name: \_\_\_\_\_ Employment status: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_ Employment status: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_ Employment status: \_\_\_\_\_

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City, state, zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_ Employment status: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*This form must be signed in the presence of a Notary Public.*

**ON THIS DATE, I HEREBY CERTIFY that all of the above requested information is true and correct to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, Dr. \_\_\_\_\_ personally appeared before me with personal identification, was verified by me to be the person whose name is subscribed to on this instrument, and has acknowledged the execution of this instrument to be of his/her own free will.

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

State or Jurisdiction of \_\_\_\_\_ My Commission expires \_\_\_\_\_