



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

INSTRUCTIONS AND CHECKLIST FOR EXPEDITED APPLICANTS

INSTRUCTIONS

1. In order to apply for expedited licensure doctors of optometry must have current licenses in good standing in jurisdictions within the United States with licensing standards equal to or greater than New Mexico.
2. All questions on the applications must be answered. The burden of proof in satisfying the Board that you are eligible for licensure is upon you.
3. Please print legibly.
4. Your **Initial License Fee of \$200.00 and Application Fee of \$175.00** must accompany your application. Your check or money order should be made payable to the “Board of Optometry”. **FEES ARE NON-REFUNDABLE.**
5. Contact each jurisdiction that you have been licensed in to request that an official verification of licensure be sent in a **sealed envelope** to the Board Office. Applications are incomplete until verification from all jurisdictions have been received.
6. Applicants for Expedited License must come from a state with licensing standards equal to or greater than New Mexico’s standards. See 16.16.4.10 NMAC. (*See Attached State by State Scope of Practice List*)
7. Applicants for Expedited Licensure must pass the jurisprudence exam within ONE year of licensure. The Board’s rules and laws can be found at:
<https://www.srca.nm.gov/nmac-home/nmac-titles/title-16-occupational-and-professional-licensing/chapter-16-optometric-practitioners/>

CHECKLIST – To assist you in completing your applications please use the following checklist:

Expedited Licensure Applicants

- Complete Application
- Verification of Licensure for each Jurisdiction
- Initial License Fee of \$200.00 & Application Fee \$175.00
- Jurisprudence Exam





NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

EXPEDITED LICENSURE APPLICATION

16.16.4 NMAC

INITIAL LICENSE FEE: \$200.00

****ALL FEES ARE NON-REFUNDABLE. ****

****ALL LICENSING INFORMATION IS PUBLIC INFORMATION****

THIS IS A FILLABLE FORM. Use your computer to enter information or print legibly.

| PERSONAL INFORMATION | | | | | |
|---|---|-------------------|-----------------------------|--|---------------------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE | | | | | |
| MAILING ADDRESS | | | | | |
| CITY | | | STATE | ZIP CODE | |
| PERSONAL PHONE | | | BUSINESS PHONE | | |
| EMAIL | | | | <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS | |
| DATE OF BIRTH | | PLACE OF BIRTH | | | |
| PREFERRED MAILING ADDRESS: <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS | | | | | |
| LICENSURE INFORMATION: List all states (or countries) in which you are or have been licensed, regardless of current status (attach additional pages if necessary): | | | | | |
| STATE/ COUNTRY | OBTAINED BY EXAM/ CREDENTIALS/ RECIPROCIITY | LICENSE NUMBER | FIRST INITIAL ISSUE DATE | LICENSE STATUS | EXPIRATIO N DATE |
| | | | | | |
| | | | | | |
| | | | | | |
| BCD USE ONLY | | | | | |
| RECEIVED ON: | | PROCESSED BY: | | RECEIPT NO: | |
| AMOUNT: | | CHECK/MO # | | | |



| EXAMINATION HISTORY | | |
|--|------------------------------|----|
| Title of Exam Section | Date Taken and Passed | |
| NBEO PART I | | |
| NBEO PART II | | |
| NBEO PART III | | |
| NBEO PART IV | | |
| TMOD | | |
| EDUCATION HISTORY | | |
| OPTOMETRY SCHOOL: List School Name and Graduation Date | | |
| | | |
| | | |
| QUESTIONS | | |
| Have you ever had your license, registration or certification disciplined, revoked, cancelled, suspended or placed on probation? | YES | NO |
| Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence by a state licensing board? | YES | NO |
| Have you ever used another name under which records to your application, education, training or experience may be filed? Enter other names used: _____ | YES | NO |
| Have you, during the past five years, had personal or legal problems with narcotics, alcohol or other dangerous drugs? | YES | NO |
| Do you have a medical condition which in any way impairs or limits your ability to practice optometry with reasonable care and safety? | YES | NO |
| Have you had a malpractice settlement or civil/criminal judgment against you? | YES | NO |
| Have you been actively engaged in the practice of optometry for the past seven years? | YES | NO |
| Does the jurisdiction in which you are licensed in have licensing standards equal to or greater than those of New Mexico? | YES | NO |
| AFFIDAVIT | | |
| I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith and are true in every respect. | | |
| _____ | _____ | |
| Signature of Applicant | Date | |

