



# GUAM BOARD OF EXAMINERS FOR OPTOMETRY

Department of Public Health & Social Services  
123 Chalan Kareta, Mangilao, Guam 96913



## Checklist for Optometry License by Examination and Endorsement

- 1. 2 X 2 signed photo taken within the last 3 months.
- 2. Notarized copy of optometry school diploma.
- 3. Police clearance.
- 4. Two letters of reference from persons not related to applicant attesting that applicant is of good moral character and temperate habits.
- 5. Notarized copy of high school diploma or equivalent.
- 6. Notarized copy of optometry school transcript showing courses studied, course grades, and number of class hours.
- 7. Completed Certificate of Optometry Education by optometry school administrator or registrar.  
**Note: You must be a graduate of an approved and accredited School of Optometry having a minimum of 4,000 clock hours of instruction. (For list of accredited schools, see the AOA website at [www.acoe.org](http://www.acoe.org). Click on Accredited Programs, then click on O.D. programs at school/colleges of optometry).**
- 8. Notarized copy of birth certificate or notarized statement that applicant is 18 years of age or older.
- 9. Notarized affidavit indicating that applicant is a citizen of the United States or is a permanent resident of the United States who is residing in the U.S. or the territory of Guam.
- 10. Payment of fee.
- 11. Passed practical examination on Guam.

## Checklist for License by Examination only:

- 12. Official copy of National Board scores.
- 13. Application for License by Examination complete and notarized.

## Checklist for License by Endorsement only:

- 14. Completed Endorsement Verification.
- 15. Affidavit signed by the applicant that he/she has been in active optometric practice in the state (one of the fifty states of the United States) licensed or in the federal service for the 7 consecutive years immediately prior to the year in which application is made.
- 16. Notarized copy of current valid license from any of the fifty states of the United States.
- 17. Application for License by Endorsement complete and notarized.



2. Has your license ever been revoked/suspended or investigated? ( )Yes ( ) No

If Yes, please explain on separate sheet.

Practice Plan on Guam:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**D. REQUIREMENTS**

SEE ATTACHMENT

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**E. AFFIDAVIT:** To be sworn to before a person authorized to administer oaths that the applicant is the one named in the application and that the information furnished and documents submitted are true and correct in every aspect.

**NOTE:** False information will be considered prima-facie evidence for denial or acceptance of application or the revocation of your license at a later date even through previously granted.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_,

Notary Public \_\_\_\_\_  
(Print Name)

2x2

My Commission Expires \_\_\_\_\_  
(Date)

Signed

Notary Public Seal \_\_\_\_\_  
(Signature)

Photo

**D. REQUIREMENTS** (Application for License by Examination – U. S. Graduates)

1. 2 X 2 signed photo taken within the last 3 months.
2. Notarized copy of optometry school diploma.
3. Police Clearance.
4. Two letters of reference from persons not related to applicant attesting that applicant is of good moral character and temperate habits.
5. Notarized copy of high school diploma or equivalent.
6. Notarized copy of optometry school transcript showing courses studied, course grades and number of class hours.
7. Completed Certificate of Optometry Education by optometry school administrator or registrar. **Note:** You must be a graduate of an approved and accredited School of Optometry having a minimum of 4,000 clock hours of instruction. (For a list of accredited schools, see the AOA website at [www.acoe.org](http://www.acoe.org). Click on Accredited Programs, then click on O.D. programs at school/colleges of optometry).
8. Notarized copy of birth certificate or notarized statement that applicant is 18 years of age or older.
9. Notarized affidavit indicating that applicant is a citizen of the United States or is a permanent resident of the United States who is residing in the U.S. or the territory of Guam.
10. Official copy of National Board scores.
11. This application for license by examination must be complete and notarized.
12. Payment of fee.

Before obtaining license, the applicant must pass a practical examination administered on Guam.



**GUAM BOARD OF EXAMINERS FOR OPTOMETRY**

123 Chalan Kareta Mangilao, GU 96913



**CERTIFICATE OF OPTOMETRY EDUCATION**

THE APPLICANT BELOW IS APPLYING FOR LICENSURE TO PRACTICE OPTOMETRY ON GUAM. PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN DIRECTLY TO THE GUAM BOARD OF EXAMINERS FOR OPTOMETRY.

**PART A TO BE COMPLETED BY APPLICANT:**

- Current Name: \_\_\_\_\_  
(Last) (First) (Middle)
- Previous Name Used: \_\_\_\_\_  
(Last) (First) (Middle)
- Social Security No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I hereby authorize release of a copy of my academic record to the Guam Board of Examiners for Optometry.

\_\_\_\_\_  
(Signature) (Date)

**PART B TO BE COMPLETED BY THE OPTOMETRY SCHOOL ADMINISTRATOR OR REGISTRAR:**

- Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)
- Name of College: \_\_\_\_\_  
Address: \_\_\_\_\_  
(City) (State) (Zip Code)
- School of Optometry: \_\_\_\_\_  
Address: \_\_\_\_\_  
(City) (State) (Zip Code)
- Was the School Board-Approved or State Regulatory Agency-Approved during the applicant's enrollment? ( ) Yes ( ) No  
If yes, by whom? \_\_\_\_\_

**PLEASE CONTINUE ON REVERSE SIDE**

5. The applicant entered the Optometry Education program on \_\_\_\_\_ and completed the \_\_\_\_\_ months program on \_\_\_\_\_.  
(Length)
6. Number of Theory Hours \_\_\_\_\_; Number of Clinical Hours \_\_\_\_\_
7. Attached is the **OFFICIAL COPY** of Applicant's Transcripts.

*SEAL*

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

*OF*

Name: \_\_\_\_\_

*SCHOOL*

Title: \_\_\_\_\_

