

Licensure by Endorsement Fact Sheet

- Support of this form of legislation has been official AOA policy since **1995**.
- Licensees want it! Receive hundreds of phone calls at the AOA each year.
- Reciprocity is referred to in many state optometry laws but, in fact as that term is defined, does not exist in its true form anywhere.
- Endorsement is based on the candidates qualifications – not on which jurisdiction they hold a license.
- **HOW DOES A STATE ‘GET ON THE MAP’??** (Keep in mind the following criteria for licensure by endorsement have **NOTHING** to do with licensure requirements for new graduates.)
 - Require that a candidate hold a license based on **AN** examination. Optometry Board needs statutory authority to accept equivalent licensure requirements. Equivalent means ‘equal in effect’ **NOT** an exact duplicate. **Do not name what test was taken or when.**
 - This requires a **“leap of faith”** by Boards that all tests in the past established entry-level competency. Keep in mind, what test an OD passed 10, 15, 20, or 25 years ago has absolutely nothing to do with their competency today.
 - Require that a candidate hold a license in their current state at the highest level of prescriptive authority authorized.
 - Must not require automatic taking of state-administered clinical, practical, pharmacology, or oral examination.
- **WHAT CAN BE REQUIRED** by the Board and still count as an endorsement law?
 - Proof that a candidate is “in good standing” in their current state of licensure and was in good standing in any other state where they previously held a license.
 - Look for “red flags” through the HIP Data Bank, NPDB, ARBO data bank, primary source verification from licensing board(s), prolonged time away from active practice, etc.
 - May require an optometry law examination – if one is given in your state.
 - Additional clinical or practical exams for endorsement candidates should be used on an individual basis **only if** competency is in question.