



MISSISSIPPI STATE BOARD OF OPTOMETRY

REQUEST FOR DETERMINATION: CRIMINAL HISTORY DISCLOSURE

The “Fresh Start Act,” Section 73-77-1 et seq., Miss. Code Annotated, 2019, allows an individual with a criminal record to petition at any time for a determination of whether the individual’s criminal history disqualifies the individual from obtaining a license. This determination form must be completed and mailed to the Mississippi State Board of Optometry, 5 Old River Place, Suite 105, Jackson, Mississippi 39202-3449.

IMPORTANT

1. This is not an application for professional licensure, permit, certification or any privilege to practice a profession. Rather, it is solely a request for determination made pre-application as to whether you are disqualified from obtaining licensure to practice (profession). You are not required to have begun or completed any professional training at the time of this request for determination.
2. A fee of Twenty-Five Dollars (\$25.00) must accompany this request for determination. The fee must be in the form of a certified check or money order made payable to Mississippi State Board of Optometry.
3. By completing and submitting this form, you are representing that the information provided in this request for determination is complete and accurate. Any omissions or misrepresentations in this form may be considered in future administrative, civil, criminal or other actions.
4. Any determination by the Board pursuant to Section 73-77-1 et seq., Miss. Code Annotated, 2019, is limited to the information you provide and whether you are disqualified at this time from obtaining a license or privilege to practice. This application does not guarantee or otherwise imply that your future application will be denied, granted or conditioned. The Board will make that determination at the time of your application for licensure or privilege to practice.

SECTION I: PETITIONER INFORMATION

Full Name (please print)	
Social Security Number	
Phone Number	
Email Address	
Mailing Address	

SECTION II: SELF-DISCLOSURE OF CRIMINAL HISTORY

Date of Offense	Criminal Offense	Action Taken (attach certified court orders, dispositions, docket sheets, etc.)	Expunged? (attach a certified copy of expungement)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: SIGNATURE

1. By submitting and signing this request, I agree to have this matter considered by the Board and a decision made by the Board. I understand that the information provided on this request may be released pursuant to a public records request, discussed in an open meeting before the Board and may be shared with other licensing boards (in and out-of-state) and the public.
2. I understand that any determination made by the Board related to this request is based solely on information I have provided and that the Board is relying on my complete, truthful and accurate reporting of my criminal history.
3. By signing this form, I certify under penalty of law that the statements made in this request are true, correct and complete to the best of my knowledge and belief. I understand that any falsification, omission or concealment of material facts may subject me to administrative, civil or criminal liability.

Signature

Date

STATE OF MISSISSIPPI
COUNTY OF _____

Sworn to, and subscribed before me, this the _____ day of _____, 20_____.

(NOTARY SEAL)

Notary Public

My Commission Expires:
