

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

#### Optometrist Licensure

#### AFFIDAVIT

Waiver of Continuing Education while not actively practicing:

I, \_\_\_\_\_, being duly sworn, attest that:

1. I am a licensed optometrist in the State of Connecticut.
2. During the exemption period from \_\_\_\_\_ to \_\_\_\_\_ I did not/will not actively engage in the practice of optometry in the State of Connecticut;
3. I, therefore, claim an exemption for the above-specified period from the continuing education requirements that specifies that each licensee actively engaged in the practice of optometrist must complete a minimum of 14 contact hours during the registration period.
4. I understand that, should I resume the practice of optometry in the State of Connecticut, I must complete 14 hours of continuing education prior to returning to active practice.

#### OR

Waiver of continuing education due to medical disability/illness

I hereby declare my eligibility for a waiver of the continuing education requirements based on a medical disability/illness pursuant to Connecticut General Statutes. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from \_\_\_\_\_ to \_\_\_\_\_.

5. The above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Connecticut Optometrist License Number

Subscribed and Sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



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