

Board for Hearing Aid Specialists and Opticians
OPTICIANS - SPONSOR CERTIFICATION FOR VOLUNTARY PRACTICE REGISTRATION APPLICATION
No Fee Required

In accordance with § 54.1-1701(5) of the *Code of Virginia*, any optician who (i) does not regularly practice in Virginia, (ii) holds a current valid license or certificate to practice as an optician in another state, territory, district or possession of the United States, and (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world may apply for a **Registration for Voluntary Practice**.

⇒ **This Sponsor Certification must accompany the Voluntary Practice Registration Application when submitted to the Virginia Board for Hearing Aid Specialists and Opticians at least 15 days prior to the voluntary provision of services.**

TO BE COMPLETED BY A REPRESENTATIVE OF THE NONPROFIT ORGANIZATION SPONSORING THE VOLUNTEER PRACTICE.

Name of Voluntary Practitioner _____

Name of Nonprofit Organization _____

Sponsor/Representative of Nonprofit Organization _____

Title of Organization's Sponsor/Representative _____

Pursuant to 18VAC80-30-40 of the *Virginia Board for Hearing Aid Specialists and Opticians Regulations*, I hereby certify that the above-named organization is a publicly supported all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world. Furthermore, I attest to the organization's compliance with the provisions of § 54.1-1701(5) of the *Code of Virginia* and 18VAC80-30-40 of the *Virginia Board for Hearing Aid Specialists and Opticians Regulations*.

Signature _____ Date _____
Signature of Sponsor/Representative

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, 20 _____.

My commission expires the _____, day of _____, 20 _____.

Affix official seal here.

Signature of Notary Public