

## Louisiana State Board of Optometry Examiners

Post Office Box 535, Oakdale, Louisiana 71463 Ph. (318) 335-2989

## Application for Licensure Examination

(Photo must have been
taken within one year of
application. Enter date
taken and sign in ink acros
bottom.)

Attached Photograph Here

I hereby apply for a license to practice optometry in the State of Louisiana under the rules established by the Louisiana State Board of Optometry Examiners and in conformity with Louisiana R.S. 37:1041, et seq

I hereby submit the application fee as required by R.S. 37:1058, with the understanding that such fee is not refundable and that all decisions of the Board are final. (Check or postal money order in the amount of \$100.00 should be made payable to the Louisiana State Board of Optometry Examiners.)

The application, together with the supporting documents, must be completed and received in the Board office at the above captioned address on or before thirty (30) days prior to the date of the examination.

Name		III Part Colores		Date	
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Phone ( )_			E-mail		
Date of Birth		_ Place of Birth		SSN#	
Height	_ Weight	Hair Color	Eye Color	U.S. Citizer	n?
Distinguishing I	Marks				
verification of any Name and place of Place of practice o	institution,	Degree or certificate, date received, or nature	of experience	From	То

I have taken the f	ollowing State Opto	ometry Board examina	tion(s) before this	board:
	Date	Passed	Failed	
	Date	Passed	Failed	
	Date	Passed	Failed	
List your residend	ces for the past five	(5) years:		
Have you ever ha If yes, give details		ice optometry revoked	d or suspended?	YesNO
Have you ever be If yes, give details	een convicted of any s:	/ crime(s)?	Yes	No
Have you ever be	een denied the privil	ege of taking an exan	nination by any ot	her state?
lf yes, give details	3:		Yes	No
	ense in any other he	0		No
Have you ever be	en called before an	ny state board for inter		ng any violation of the
optometry law?			Yes	No
Have you ever be	en addicted to or tr	eated for addiction to	narcotic drugs? Y	/es No
Have you ever re	ceived psychiatric tr	reatment for mental ill	ness? Yes	No
Have you ever er	ngaged in the exces	sive use of alcohol or Yes	received treatme	nt for alcoholism?

I, \_\_\_\_\_, do solemnly swear that the answers and information given in this

application are the whole truth and nothing but the truth, so help me God.

I hereby authorize all institutions or organizations, my references, professional, employers, business and professional associates and all governmental agencies and instrumentalities to release to this Board any information, files or records required by the Board for its evaluation of any application requirements for licensure in the State of Louisiana.

## SWORN AND SUBSCRIBED TO BEFORE ME

THIS	DAY OF	20	Signed	
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## NOTORY PUBLIC

The following credentials must accompany this application

- 1. Official Transcript of Pre-Optometry school credits (Must come directly from the school)
- 2. Official Transcript of Optometry college credits (Must come directly from the school)
- 3. Photo static copy of Doctor of Optometry diploma
- 4. Official passing score report from the NBEO examination (Must come directly from the N.B.E.O.) Passage of Parts I, II, III, TMOD and Injections Required.
- 5. Recent photograph of yourself (wallet size)
- 6. Check, money order, or cashier's check for \$100.00, payable to: Louisiana State Board of Optometry Examiners.
- 7. Certificate of completion of Authorized Ophthalmic Surgical Procedures (If applicable see rule 503(H)