



Louisiana State Board of Optometry Examiners

Post Office Box 555
Oakdale, Louisiana 71463
Ph. (318) 335-2989

Attach Photograph Here

Photo must have been taken within 1 year of application.

Enter date taken & sign in ink across bottom.

Application for Licensing Examination

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.

Personal check, money order, or cashier's check in the amount of \$500.00 should be made payable to the Louisiana State Board of Optometry Examiners and mailed to the address above, or payment made via credit card at the phone number above. This application and all fees & required supporting documents must be received at the LSBOE office no later than thirty (30) days prior to the examination date.

Name: _____ Date: _____

Address (Street/City/State/Zip): _____

Phone: (_____) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____ SSN#: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ U.S. Citizen? _____

Distinguishing Marks: _____

In Chronological order, list all education and experience commencing with college and/or university, optometry school and practice. Include from date of graduation from high school to the present, whether or not engaged in activities related to optometry. Include verification of any CPR completed in the past year.

Name/Location of Institution Attended, Place of Practice, or Other	Degree/Certificate Received, or Nature of Experience	Dates Attended (From/To)

I have taken the following State Optometry Board examination(s) before this board:

State: _____ Date: _____ Passed: _____ Failed: _____

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State: _____ Date: _____ Passed: _____ Failed: _____

List your residences for the past five (5) years:

Have you ever had a license to practice optometry revoked or suspended? Yes ___ No ___
If yes, give details:

Have you ever been convicted of any crime(s)? Yes _____ No _____
If yes, provide details:

Have you ever been denied the privilege of taking an examination by any other state?
Yes _____ No _____ If yes, provide details:

Do you hold a license in any other healing arts? Yes _____ No _____

Have you ever been called before any state board for interrogation concerning any violation of the optometry law? Yes _____ No _____

Have you ever been addicted to or treated for addiction to narcotic drugs? Yes ___ No ___

Have you ever received psychiatric treatment for mental illness? Yes _____ No _____

Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? Yes _____ No _____

I, _____, do solemnly affirm 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, 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 before me this _____ day of _____, 20_____.

Signed: _____

NOTARY 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. Photostatic copy of Doctor of Optometry diploma.
4. Official passing score report from the NBEO examinations - **passage of Parts I, II, III, & TMOD is REQUIRED. (All board scores must come directly from N.B.E.O.)**
5. Recent photograph of yourself. **(wallet size)**
6. Check, money order, or cashier's check for \$500.00, payable to: **Louisiana State Board of Optometry Examiners (or credit card payment may be made over the phone)**
7. Certificate of completion of Authorized Ophthalmic Surgical Procedures (if applicable – see rule 503(H)).
8. Certification evidencing current qualification to perform cardiopulmonary resuscitation (C.P.R.) or basic life support, which certification shall be current at the time of application.
9. A signed statement from the applicant that he or she possesses child & adult automatic epinephrine injector kits in every office location in which the applicant will practice, which kits shall be operable and unexpired at the time of application.