



Louisiana State Board of Optometry Examiners
911 Tech Drive
Ruston, Louisiana 71270
Ph. (318) 335-2989

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Photo must have been
taken within 1 year of
application.

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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 through the website application arranged by LSBOE personal. This application and all fees should be received at the LSBOE office no later than thirty (30) days prior to the exam date, unless an extension has been approved.

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.

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 online credit card payment**
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.