

**Mississippi State Board of Optometry**  
**P.O. Box 12370**  
**Jackson, MS 39236**  
**(601) 853-4338 Fax: (601) 853-0336**

**APPLICATION TO PRACTICE OPTOMETRY IN STATE OF MISSISSIPPI**

1. Name \_\_\_\_\_ License Number \_\_\_\_\_
2. Permanent Mailing Address \_\_\_\_\_  
(Street/P.O. Box, City, State, & ZIP)
3. Phone Number \_\_\_\_\_
4. Intended Office Address \_\_\_\_\_  
(Street/P.O. Box, City, State, & ZIP)
5. Address of Intended Secondary Office \_\_\_\_\_  
(Street/P.O. Box, City, State, & ZIP)
6. Name of Intended Practice (s) \_\_\_\_\_
7. Name under which any ophthalmic dispensary owned or operated by you will do business  
\_\_\_\_\_
8. Date of Birth \_\_\_\_\_  Male  Female  
(Month/Day/Year)
9. Place of Birth \_\_\_\_\_  
(City, County, State)
10. Social Security Number \_\_\_\_\_ Tax ID Number \_\_\_\_\_
11. United States Citizen?  Yes  No  Other (explain) \_\_\_\_\_
12. Marital Status:  Married  Single  Divorced  Widowed
13. Spouse's Name \_\_\_\_\_
14. Have you ever legally changed your name?  Yes  No

15. High School Graduation & Date \_\_\_\_\_  
(Name of School, City, State, and Date)

16. College/University attended: (Give Dates, Degrees, City, and State)

---

---

---

17. Optometry College attended: (Give Dates, Degrees, City, and State)

---

---

---

18. Are you licensed to practice optometry in another state?  Yes  No

19. List all states and dates of practice where you have practiced since graduation.

---

---

20. Give current status in states where you have previously practiced.

---

---

21. Are you DPA certified in another state?  Yes  No TPA certified?  Yes  No

22. Have you ever served in the U.S. Military?  Yes  No

Give Branch/Rank/Discharge:

---

23. Have you ever had any disciplinary action taken against you by a State Board of Optometry, a Peer Review Committee, Health Care Institution (s), Law Enforcement Agency, Court or Government Agency for acts or conduct described in the Optometry Practice Act or State Board Rules as grounds for disciplinary action?  Yes  No

24. Have you ever been convicted of a felony or misdemeanor under the laws of any state or of the United States?  Yes  No

25. Have you ever had any adverse judgment, settlement, or award arising from a professional liability claim?  Yes  No

26. Do you now hold or have you held staff privileges at any health care facility?  Yes  No

27. Enclosures:

Photograph

Pre-Optometry Transcript

Optometry Transcript

National Board Scores

Application Fee (Resident Application fee is \$200.00 and Non-Resident fee is \$300.00)

Letters from other state boards giving your status if you are licensed in other states

I agree to practice optometry in accordance with the provisions of the state laws and board rules and regulations of Mississippi if granted a license by this state; and I solemnly swear or affirm that the foregoing answers are true and correct under the penalty of perjury, license refusal or disciplinary action.

---

Signature

---

Date