



Mississippi State Board of Optometry
P.O. Box 12370
Jackson, Mississippi 39236-2370
Office (601) 919-1343 // Fax (601) 919-1432

APPLICATION TO PRACTICE OPTOMETRY IN THE STATE OF MISSISSIPPI

1. _____
Last Name *First Name* *Middle Name*

2. _____
Permanent Mailing Address (Street/P.O. Box, City, State and ZIP)

3. _____
Phone Number *Email Address*

4. _____
Name of Intended Practice(s)

5. _____
Intended Office Address (Street/P.O. Box, City, State and ZIP)

6. _____
Address of Intended Secondary Office (Street/P.O. Box, City, State and ZIP)

7. Name under which any ophthalmic dispensary owned or operated by you will do business: _____

8. _____ Male Female Nonbinary Prefer not to disclose
Date of Birth

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. _____
Name of High School, City, State, and Graduation 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
If yes, list Branch, rank and discharge date:

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 healthcare facility?
 Yes No

27. Enclosures:

Photograph

Pre-Optometry Transcript

Optometry Transcript

National Board Scores

Application Fee (Resident application fee is \$200.00 and Nonresident 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