



## MISSISSIPPI STATE BOARD OF OPTOMETRY

### APPLICATION FOR EXAMINATION AND LICENSURE TO PRACTICE OPTOMETRY IN THE STATE OF MISSISSIPPI

Name \_\_\_\_\_

| <u>METHODS OF ENTRY INTO MISSISSIPPI</u>                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Application – New Graduate<br>(Jurisprudence Examination Required; PEP Certification Examination Optional)  |
| <input type="checkbox"/> Military Family Freedom Act (MFFA)<br>(Jurisprudence Examination Required)                                          |
| <input type="checkbox"/> Universal Recognition of Occupational Licensing Act (UROLA)<br>(Jurisprudence Examination Required Within 365 Days) |
| <input type="checkbox"/> Reciprocity<br>(Jurisprudence Examination Required)                                                                 |
| <input type="checkbox"/> Primary Eyecare Procedures (PEP) Certification<br>(Currently Licensed in Mississippi – PEP Examination Required)    |

| <u>EXAMINATIONS</u>                                                                                                            | <u>FEE</u>                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>CHECK ALL THAT APPLY</b>                                                                                                    |                                                                                                                          |
| <input type="checkbox"/> Jurisprudence Examination                                                                             | <input type="checkbox"/> \$200.00<br>(in-state resident)<br><input type="checkbox"/> \$300.00<br>(out of state resident) |
| <input type="checkbox"/> Primary Eyecare Procedures (PEP) Certification – New Graduate<br>(Jurisprudence Examination Required) | <input type="checkbox"/> \$750.00                                                                                        |
| <input type="checkbox"/> Primary Eyecare Procedures (PEP) Certification – Currently Licensed in Mississippi                    | <input type="checkbox"/> \$750.00                                                                                        |

Return completed application to:  
Mississippi State Board of Optometry  
5 Old River Place, Suite 105  
Jackson, Mississippi 39202-3449



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## MISSISSIPPI STATE BOARD OF OPTOMETRY

### APPLICATION FOR EXAMINATION AND LICENSURE TO PRACTICE OPTOMETRY IN THE STATE OF MISSISSIPPI

|                                                                                       |                                                                                     |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Last Name                                                                             |                                                                                     |
| First Name                                                                            |                                                                                     |
| Middle Name                                                                           |                                                                                     |
| Permanent Mailing Address<br>(Street/P.O. Box, City, State, Zip Code)                 |                                                                                     |
| Phone Number                                                                          |                                                                                     |
| Email Address                                                                         |                                                                                     |
| Date of Birth                                                                         |                                                                                     |
| Place of Birth                                                                        |                                                                                     |
| Social Security Number                                                                |                                                                                     |
| Gender                                                                                |                                                                                     |
| Marital Status                                                                        |                                                                                     |
| Spouse's Name                                                                         |                                                                                     |
| Have you ever legally changed your name?                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| Name of High School to include<br>City, State, Graduation Date                        |                                                                                     |
| College/University Attended<br>(Give Dates, Degrees, City, State)                     |                                                                                     |
| Optometry College Attended<br>(Give Dates, Degrees, City, State)                      |                                                                                     |
| Are you currently licensed to practice in<br>another state(s)?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which state(s): |
| List all states and dates of practice<br>where you have practiced since<br>graduation |                                                                                     |
| Give current status in states where you<br>have previously practiced                  |                                                                                     |

|                                                                                      |                                                                                                                                                   |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Are you DPA certified in another state(s)?                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which state(s)?                                                               |
| Are you TPA certified in another state(s)?                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which state(s)?                                                               |
| Have you ever served in the United States military?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which branch?                                                                 |
| Name of Intended Practice                                                            | Name                                                                                                                                              |
|                                                                                      | Will you remain free of control from any layperson, firm or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
|                                                                                      | Is this practice owned by a Mississippi licensed optometrist or therapeutic optometrist? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                      | Tax ID Number                                                                                                                                     |
| Intended Office Address<br>(Street/P.O. Box, City, State, Zip Code)                  |                                                                                                                                                   |
| Name of Intended Secondary Office                                                    | Name                                                                                                                                              |
|                                                                                      | Will you remain free of control from any layperson, firm or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
|                                                                                      | Is this practice owned by a Mississippi licensed optometrist or therapeutic optometrist? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                      | Tax ID Number                                                                                                                                     |
| Address of Secondary Office<br>(Street/P.O. Box, City, State, Zip Code)              |                                                                                                                                                   |
| Name under which any ophthalmic dispensary owned or operated by you will do business |                                                                                                                                                   |

### AFFIDAVIT QUESTIONS

|     |                                                                                                                                                                                                                                                                                                               |                              |                             |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1.  | Are you a citizen of the United States?<br>If no, attach copy of passport including work permit.                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.  | Have you been convicted or found guilty of a crime in any state or jurisdiction, regardless of adjudication?                                                                                                                                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.  | Is there any criminal charge now pending against you?<br>(Do not include parking or speeding violations)                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.  | Have you ever been a defendant in a court-martial?                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.  | Have you ever been declared legally incompetent?                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.  | Have you ever undergone treatment for the use of drugs, narcotics or intoxicating liquors?                                                                                                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.  | Have you ever received treatment for any emotional disturbances, mental disorder or insanity that could impair your ability to perform optometry or any other licensed profession?                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.  | Has a regulatory authority in any state or jurisdiction (including Mississippi) denied you a license or other credentials to practice optometry or to practice any other licensed profession? If yes, YOU MUST provide a copy of the denial letter from the regulatory authority AND a letter of explanation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.  | Has a regulatory authority in any state or jurisdiction (including Mississippi) granted you a license or other credential to practice optometry or to practice any other licensed profession?                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Have you ever held a license issued by the Mississippi State Board of Optometry?                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                             |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|-----------------------------|
| 11. | If yes, what was your license number?                                                                                                                                                                                                                                                                                                                                                                                                                       | When did your license expire? |                              |                             |
| 12. | I have practiced for compensation in Mississippi during the term that my license was expired or retired.                                                                                                                                                                                                                                                                                                                                                    |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Why did you allow your license to expire?                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                             |
| 14. | Has a regulatory authority in any state or jurisdiction (including Mississippi) disciplined you related to the practice of optometry or to the practice of any other licensed profession? (Such disciplinary outcomes include, but are not limited to, license restrictions, probation, fine or reprimand.)                                                                                                                                                 |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Has a regulatory authority in any state or jurisdiction (including Mississippi) suspended, revoked, denied the renewal of, or required you to surrender your Optometry License or other credential, or your license to practice any other profession?                                                                                                                                                                                                       |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Have you ever voluntarily surrendered a license or credential in connection with or to avoid disciplinary action by a regulatory authority?                                                                                                                                                                                                                                                                                                                 |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | As an optometrist or other licensed professional, are you now or have you ever been a defendant in civil litigation in which the basis of complaint was for negligence, malpractice, or lack of professional competence?                                                                                                                                                                                                                                    |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as an optometrist?                                                                                                                                                                                                                                                                                                                   |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | I confirm that I am in full compliance with Rule 8.1 in that I remain free of control and I shall not divide, share, split or allocate, either directly or indirectly, any fee for optometric or therapeutic optometric services or materials with any layperson, firm or corporation, provided that this rule shall not be interpreted to prevent any optometrist or therapeutic optometrist from paying any employee in the regular course of employment. |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | I confirm that I clearly understand that it shall be construed as a violation of this Rule 8.1 for any optometrist or therapeutic optometrist to lease space from an establishment, or to pay for franchise fees or other services, on a percentage of gross receipts basis.                                                                                                                                                                                |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. | I confirm that my practice will be owned by a Mississippi-licensed optometrist or therapeutic optometrist and that every phase of the practice and the leased premises shall be under the exclusive control of a Mississippi licensed optometrist or therapeutic optometrist.                                                                                                                                                                               |                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "no" to question 1 or "yes" to any of the remaining questions, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names & addresses). It will be necessary to direct each practitioner or facility who treated you to furnish the Board with any information the Board requests with respect to any such treatment. Attach to this application.

If you answered "no" to any of the final three (3) questions (questions 19, 20 or 21), the Board has the right to request a copy of contracts, agreements, or any other documents which detail your method of operation as well as a copy of floor plans, lease agreements, advertisements or any other documents required to validate compliance under the Mississippi Code Annotated §73-19-1 through §73-19-195.

### EXAMINATION FEE (FEE IS NONREFUNDABLE)

In-state resident examination application fee - \$200.00; out-of state resident fee - \$300.00

FEE IS REQUIRED PRIOR TO TAKING THE JURISPRUDENCE EXAMINATION AND MUST BE SUBMITTED WITH YOUR APPLICATION

### PHOTOGRAPH

MUST BE SUBMITTED WITH YOUR APPLICATION

### NOTE

**INITIAL LICENSE FEE** of \$400.00 if taking the examination in January or \$200.00 if taking the examination in July is required after passing the jurisprudence examination and prior to issuance of a license to practice. (FEE IS NONREFUNDABLE)

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