MISSISSIPPI STATE BOARD OF OPTOMETRY

BUSINESS INFORMATION CHANGE NOTIFICATION

Rule 8.15

Any person licensed to practice optometry in this State shall, and at least fourteen (14) days prior to the change, send written notice to the Board of any change in telephone number, business street address, and or mailing address for any office (including branch offices) in which they practice and the effective date of such change. Floor plans must be provided, if requested, for validation of compliance with the rules of the Board.

Rule 9.3

Every optometrist in active practice in this State shall designate in writing on his license application or renewal form one fixed location as his main office and shall identify any branch office locations then existing. A branch office is defined as any fixed location where the optometrist may practice other than his main office. Any change in office location or new opening of any office (main or branch) shall be reported in writing to the board, including change in ownership, and the starting of a practice in the same physical location where any other optometrist is already in practice. The provisions of this Rule shall apply without regard to the optometrist's ownership interest, or lack thereof, in the office facility or the practice located where any licensed optometrist may practice under his license granted by this board.

Rule 9.4

Each office shall be registered with the Mississippi State Board of Optometry. The optometrist's license must be displayed in each office location and shall be furnished by the Board at a fee to be determined by the Board [MCA 73-19-3]

MISS CODE ANN. § 73-19-23 (2)

Disciplinary Action. The board shall further be authorized to take disciplinary action against a licensee for any unlawful acts, which shall include violations of regulations promulgated by the board, as well as the following acts: (q) Failure to report to the board the relocation of his or her office in or out of the jurisdiction or to furnish floor plans as required by regulation.

MISS CODE ANN. § 41-121-7 (2)

The healthcare practitioner shall display in his or her office a writing that clearly identifies the type of license held by the health care practitioner. The writing must be of sufficient size so as to be visible and apparent to all current and prospective patients; (3) A health care practitioner who practices in more than one (1) office shall be required to comply with these requirements in each practice setting.

MISS CODE ANN. § 41-121-9 (6)

Any health care practitioner who violates any provision under this chapter is guilty of unprofessional conduct and subject to disciplinary action under the appropriate licensure provisions governing the respective health care practitioner.

Optometrist's Name	*License Number*
Email Address	*Date*

5 Old River Place, Suite 105 | Jackson, Mississippi 39202-3449
P: (601) 919-1343 | F: (601) 919-1432 | www.msbo.ms.gov | info@msbo.ms.gov

I am reporting a change of business location, as follows:

☐ I have misplaced the original copy of my license certificate

☐ I wish to remain in ACTIVE status but am not currently practicing.
I wish to have all correspondence mailed to me at:

Address _____

City/State/Zip Code _____

☐ I have a NEW practice location, as follows:

Name of NEW practice _____

Address _____

City/State/Zip Code _____

Delete OLD Business location, as follows:

Name of OLD practice _____

Address _____

City/State/Zip Code _____

☐ I have added an additional branch location, as follows:

Name of MAIN practice _____

Address _____

City/State/Zip Code _____

Name of BRANCH location, as follows:

Name of NEW practice _____

Address _____

City/State/Zip Code _____

☐ Rule 9.2 - *Provided that if a person desiring optometric services informs an optometrist that by reason of sickness or other cause they are confined to their place of abode, said optometrist may make said examination at the place of abode of said person.*

Name of ABODE practice _____

Address _____

City/State/Zip Code _____

BEFORE THE BUSINESS PRACTICE LOCATION LICENSE CERTIFICATE CAN BE ISSUED, YOU MUST COMPLETE THE FOLLOWING EQUIPMENT AND FLOOR PLAN REQUIREMENTS FOR YOUR PRACTICE LOCATION(S).

EQUIPMENT REQUIREMENTS FOR PRACTICE LOCATION

Optometrist's Name _____ License Number _____

Practice Location: ☐ Main ☐ Branch ☐ Abode

Practice Street Address _____

City _____ State _____ Zip Code _____

Phone Number:_____ Email Address:_____

Rule 9.2 Standards for Office. Each optometrist must have the equipment to practice to the current standard of care to include but not limited to the following. **Check the availability of said equipment at each of your practice locations.**

☐ Ophthalmoscope

☐ Retinoscope

☐ Ophthalmometer or Keratometer

☐ Refractor (or a trial frame with trial case)

☐ Auxiliary prisms and lenses

☐ Pseudoisochromatic charts for color vision

☐ Test objects of stereopsis and fusion charts for distance and near visual acuity

☐ Tangent screen or perimeter, tonometer and a biomicroscope (slit lamp)

Further, Rule 9.2 provides that if a person desiring optometric services informs an optometrist that by reason of sickness or other cause they are confined to their place of abode, said optometrist may make said examination at the place of abode of said person. Provided, further, that said optometrist must have available at said place of abode for said examination the following minimum equipment, to include but not limited to:

☐ Ophthalmoscope

☐ Retinoscope

☐ A suitable astigmatic test

☐ A reliable trial frame

☐ Lenses adequate for determining proper diagnosis

Note: Floor plans are required in accordance with MCA §73-19-23(2)(q); Rule 5.5; 8.15; 9.5; and 12.3.E. Email floor plans to info@msbo.ms.gov

I, _____ confirm that the information contained herein is true and accurate.
(printed name)

Further understand that ownership of all prescription files, patient records and business records shall not be shared by any individual or entity other than said optometrist, the Mississippi State Board of Pharmacy or the Mississippi Medical Association as provided in MCA §73-19-103; and

Further, I agree to comply with the requirements of *Miss. Code Ann.* §73-19-1 et seq., and subsequent Rules and Regulations, specifically Chapter 8 - Professional Responsibility and Chapter 9 - Standards; and

Further, every such examination must be made in an optometric office, and in a room of such office used exclusively for the practice of optometry.

_____ _____

Signature *Date*

OFFICE USE ONLY

Date Received:	Date Processed:	MSBO Staff Initials: