MISSISSIPPI STATE BOARD OF OPTOMETRY

PERSONAL INFORMATION CHANGE NOTIFICATION

NOTE:
If you wish to make changes to your business information,
DO NOT USE THIS FORM –
use the
BUSINESS INFORMATION CHANGE NOTIFICATION FORM

_____ _____
Optometrist's Name *License Number*

_____
Effective Date of Change

Identify the Change:

☐ Name Changed to: _____
(attach copy of supporting documentation, e.g., marriage license, Final Court Order)

☐ Telephone Number Changed to: _____

☐ Mailing Address Changed to: _____

_____

By submission of this Personal Information Change Notification, I understand that as a Mississippi licensed optometrist, I agree to comply with the requirements of Miss. Code Ann. § 73-19-1 et seq., and subsequent rules and regulations.

_____ _____
Signature *Date*

OFFICE USE ONLY

Date Received:	Date Processed:	MSBO Staff Initials:

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