



State Board of Optometry

4815 W. Markham St., Slot 70

Little Rock, AR 72205

Phone: (501) 534-6139

Fax: (501) 534-6026

www.aoptometry.org

ADH.OptometryBoard@arkansas.gov

Place
Application
Photo Here

(Headshot or
passport photo taken
within the last year)

FOR BOARD USE ONLY: Date: _____

Fee Payment: _____

Application for Optometry Examination

1. Personal Data

First Name	Middle Name	Maiden Name	Last Name	Suffix
Mailing Address		City	State	Zip
Email Address	Phone Number	Social Security Number	OE Number	
Date of Birth	Place of Birth (City/State)	Sex	Race/Ethnicity	U.S. Citizen (Y/N)
NPI (to be provided once obtained)		DEA (to be provided once obtained)		

Please Check One of the Following if it Applies to You

- ☐ A uniformed service member
☐ A uniformed service veteran
☐ The spouse of a uniformed service member or uniformed service veteran

2. Other State Optometry Licenses

State/Jurisdiction	License Number	Date Licensed	Years of Practice

3. Education - Optometry and Undergraduate Schools

School	Degree	Date of Graduation

4. Background History

Have you or are you planning to take the Optometry State Board Examinations in other states?

Yes: ____ No: ____

State	Date	Passed (Y/N)

Have you ever had a license to practice optometry revoked or suspended?

Yes: ____ No: ____

If yes, give details:

Have you ever been convicted of a crime?

Yes: ____ No: ____

If yes, give details:

I am desirous of qualifying to practice Optometry in the State of Arkansas in accordance with Ark. Code Ann. §17-90-101 et. seq. and the Rules duly promulgated by the Board.

I hereby give my permission for the Arkansas Department of Health – State Board of Optometry to secure information concerning myself or any of the statements in this application from any person or source the Board may desire.

I further agree to submit to questions regarding my qualifications as an applicant by the Board or any member thereof, and to substantiate my statements if desired by the Board.

*I have attached a check or money order in the amount of **\$400.00** to cover the examination fee. I understand this fee is nonrefundable. The application and application fee must be received **by May 15 for the midyear test and by October 15 for the last quarter examination**. Supporting documentation must be received before the date of the examination except for logbook which I will send upon completion of the 100 hours of shadowing.*

I understand that any falsification or misrepresentation of any item or response in this application, or and documentation supporting this application, even if submitted separately, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice optometry in the State of Arkansas.

By signing below, I attest under penalty of perjury that the information provided is true and correct.

Signature of Applicant

Date of Application

Application for Optometry Examination
Additional Documentation Necessary to Complete File
Forward to the State Board Office

- ☐ Check or money order for \$400.00
- ☐ Passport sized photograph attached to the application (taken in the last year)
- ☐ Official transcripts from undergraduate school(s) – must come directly from the schools
- ☐ Official transcripts from Optometry school – must come directly from the school
- ☐ Names/addresses of three references not related to the applicant
- ☐ Release of National Board of Examiners in Optometry (NBEO) scores – must pass parts I, II and III to sit for examination
- ☐ Current CPR Certification
- ☐ Log Book for 100 hours Ophthalmologist shadowing – book will be sent to you once the application and fee are received