



State Board of Optometry

4815 W. Markham St., Slot 70

Little Rock, AR 72205

Phone: (501) 534-6139

Fax: (501) 534-6026

www.aroptometry.org

ADH.OptometryBoard@arkansas.gov

Place
Application
Photo Here

(Headshot or
passport photo taken
within the last year)

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)

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

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

- Check or money order for \$20
- 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
- Have three letters of recommendation (non relative) mailed or emailed to the Board office.
- 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