



I have taken the following State Optometry Board examination(s) before this board:

_____	Date _____	Passed _____	Failed _____
_____	Date _____	Passed _____	Failed _____
_____	Date _____	Passed _____	Failed _____

List your residences for the past five (5) years:

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Have you ever had a license to practice optometry revoked or suspended? Yes \_\_\_ NO \_\_\_  
If yes, give details:

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Have you ever been convicted of any crime(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details:

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Have you ever been denied the privilege of taking an examination by any other state?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details:

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Do you hold a license in any other healing arts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been called before any state board for interrogation concerning any violation of the optometry law? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been addicted to or treated for addiction to narcotic drugs? Yes \_\_\_ No \_\_\_

Have you ever received psychiatric treatment for mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?  
Yes \_\_\_\_\_ NO \_\_\_\_\_

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I, \_\_\_\_\_, do solemnly swear that the answers and information given in this application are the whole truth and nothing but the truth, so help me God.

I hereby authorize all institutions or organizations, my references, professional, employers, business and professional associates and all governmental agencies and instrumentalities to release to this Board any information, files or records required by the Board for its evaluation of any application requirements for licensure in the State of Louisiana.

SWORN AND SUBSCRIBED TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ Signed \_\_\_\_\_

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NOTARY PUBLIC

The following credentials must accompany this application

1. Official Transcript of Pre-Optometry school credits **(Must come directly from the school)**
2. Official Transcript of Optometry college credits **(Must come directly from the school)**
3. Photo static copy of Doctor of Optometry diploma
4. Official passing score report from the NBEO examination **(Must come directly from the N.B.E.O.) Passage of Parts I, II, III, TMOD and Injections Required.**
5. Recent photograph of yourself **(wallet size)**
6. Check, money order, or cashier's check for \$100.00, payable to: **Louisiana State Board of Optometry Examiners.**
7. Certificate of completion of Authorized Ophthalmic Surgical Procedures (If applicable see rule 503(H))