



**SOUTH DAKOTA
BOARD OF EXAMINERS
IN
OPTOMETRY**

PO Box 6
Langford, SD 57454
Phone and Fax: 605-493-6504
Email: sdoptboard@venturecomm.net
<http://doh.sd.gov/boards./optometry/>

APPLICATION FOR REGISTRATION BY EXAMINATION

I hereby apply for certificate of registration to practice optometry in the State of South Dakota and submit the following statement concerning my age, moral character, preliminary and optometric education.

Name: _____
(Print name in full, including middle name)

Maiden name: _____ Date of birth: _____ Place of birth: _____

Permanent address: _____

Permanent telephone: _____

Are you a citizen of the United States? _____

If granted licensure, where do you plan to practice in this state? Please give details of location:

Name: _____

Address: _____

Telephone: _____

Is this a new practice or will you be an employee at this location? _____

If employed, who is the person we may contact to confirm employment? _____

EDUCATION

HIGH SCHOOL-Where, when, and from what high school did you graduate?

PRE-OPTOMETRIC COLLEGE EDUCATION: I have spent _____ years in study at the institutions named below, for the following terms: (fill in)

Month/Year to Month/Year Name and location of School

(It is compulsory you enclose complete transcripts of all college work.)

Please complete regarding pre-optometric education: I received the degree of _____ from the _____ College or University, located at _____ on the _____ day of _____.

EDUCATION IN OPTOMETRY: I have spent _____ years in the study of optometry at the institutions named below, for the following terms: (fill in)

Month/Year to Month/Year Name and location of school

(Partial transcripts will not be accepted- Candidate must have fulfilled requirements for graduation.)

Please complete regarding education in optometry: I received the degree of _____ from the _____ College or University, located at _____ on the _____ day of _____.

BACKGROUND

I am licensed to practice optometry in the following states and no others: (Give dates)

State	License Number	Issue Date	Expiration Date

I have been refused State Board Optometric examinations in the following jurisdictions, for the following reasons:

I have been accused or convicted of a felony. If yes, please describe:

Criminal Background Investigation of Applicants for Licensure: Effective July 1, 2009, each applicant for licensure as an optometrist in this state is required to submit to a state and federal criminal background investigation by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation. Upon application, the Board of Examiners in Optometry will submit completed fingerprint cards to the Division of Criminal Investigation. The applicant must provide the fingerprints to the Board on cards that will be supplied to the applicant by the Board. Upon completion of the criminal background check, the Division of Criminal Investigation will forward to the Board all information obtained as a result of the criminal background check. This information must be obtained prior to permanent licensure of the applicant. The Board of Examiners in Optometry may require a state and federal criminal background check for any

licensee who is the subject of a disciplinary investigation by the board. Failure to submit or cooperate with the criminal background investigation is grounds for denial of an application or may result in revocation of a license. The applicant shall pay for any fees charged for the cost of fingerprinting or the criminal background investigation.

Height: _____ Weight: _____ Color of eyes: _____ Single ()

Married ()

Name of spouse, if married: _____

Divorced ()

Military record, if any: _____

PHOTOGRAPH: Two loose photographs, not larger than 3" x 5" must be enclosed. One photograph must be certified on back by a notary public, the other to be kept in permanent record. The following statement should be written on the back of one photograph and the notary seal must be affixed:

I, _____ notary public in and for the county of _____ am personally acquainted with _____. I certify that this is his/her photograph and signature, written in my presence; that he/she is the original of said photograph, and is an applicant for registration before the South Dakota Board of Examiners in Optometry.

REFERENCES

CERTIFICATE OF GOOD MORAL CHARACTER

Signed by not less than two optometrists in good standing.

1. Name: _____
Address: _____
Telephone: _____ Email address: _____

This is to certify that I have been personally acquainted with _____ for _____ years. I believe him/her to be of good moral character and I hereby recommend him to the South Dakota Board of Examiners in Optometry as entirely worthy to be licensed to practice optometry in the State of South Dakota pursuant to law.

Signature: _____ Date: _____

2. Name: _____
Address: _____
Telephone: _____ Email address: _____

This is to certify that I have been personally acquainted with _____ for _____ years. I believe him/her to be of good moral character and I hereby recommend him to the South Dakota Board of Examiners in Optometry as entirely worthy to be licensed to practice optometry in the State of South Dakota pursuant to law.

Signature: _____ Date: _____

INSTRUCTIONS TO APPLICANT...READ CAREFULLY

THIS BOARD DOES NOT ISSUE TEMPORARY LICENSES OR SPECIAL PERMITS.

No person shall be eligible for examination unless such person is a full eighteen years old, a citizen of the United States of America, of good moral character, and a graduate of an accredited high school.

Applicants for examination for a license to practice optometry in the State of South Dakota shall be graduates from institutions recognized and approved by the South Dakota Board of Examiners in Optometry.

Applicants must submit to the federal and state background investigations and pay the fees associated with that investigation as set by the state and federal entities.

Applicants desiring to be examined must file with the secretary, a properly executed application together with an application fee of \$175.00 in the form of a certified check, or money order, payable to the South Dakota Board of Examiners in Optometry, upon completion of the National Board Examination. An INCOMPLETE application will not admit an applicant for examination.

No application fee will be returned after the application has been accepted by the board due to withdrawal of the applicant or his failure to take the examinations, excepting that the board may, under special mitigating circumstances, apply said fee on subsequent application.

I hereby promise and pledge that I will carefully read and study the South Dakota Optometry Laws (Chapter 36-7 of the South Dakota Codified Laws), and the Rules and Regulations of the South Dakota Board of Examiners in Optometry (Article 20:50 of the 1974 Administrative Rules of South Dakota). Passage of the South Dakota State Law and Ethics exam is required. The minimum grade for successful passage of the exam is 75%.

I further pledge that I will faithfully submit and conform myself and my actions to obey, observe, perform, fulfill, and keep all the provisions of the South Dakota Optometry Law, and the Rules and Regulations of the South Dakota Board of Examiners in Optometry. I will at all times assist the duly constituted authorities in enforcement of the Optometry Laws and South Dakota Board of Examiners in Optometry Rules and Regulations.

I hereby agree that if statements made by me in this application prove false, or if I shall violate the above agreements, my certificate shall become null and void and I will immediately return it to the board upon their written demand.

I further certify that I will not receive from anyone, or give aid to anyone that would assist me or them in answering any questions on the State Law and Ethics examination I am granted.

I declare and affirm under the penalties of perjury this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signed: _____ Date: _____

Printed: _____

Please let us know how you would like your name printed on your certificate:

The South Dakota Board of Examiners in Optometry administers its examinations in a manner which does not discriminate against a qualified applicant with a disability. Applicants with disabilities who wish to request reasonable testing accommodations should immediately write Deni Amundson, Executive Secretary, PO Box 6, Langford, South Dakota, 57454, for assistance in contacting the appropriate testing site if necessary.

INSTRUCTIONS TO APPLICANTS FOR CRIMINAL BACKGROUND CHECK PROCESS

1. Pursuant to SDCL 36-7-12.2 effective July 1, 2009, each applicant for licensure is required to submit a full set of fingerprints with the completed application to obtain a state and federal criminal background check.
2. If you print an application from the website <http://doh.sd.gov/boards/optometry/> and submit the completed application to the South Dakota Board of Examiners in Optometry, fingerprint cards will be mailed to you.
3. The fingerprint cards you receive from the SDBEO **must** be the cards you use for fingerprints, since specific agency data is pre-printed on them.
4. Contact your local law enforcement agency for fingerprinting.
5. Mail the completed fingerprint cards and a separate check or money order for \$43.25 payable to the South Dakota Division of Criminal Investigation. You will mail this to:
South Dakota Board of Examiners in Optometry
PO Box 6
Langford, SD 57454
6. Your application will not be processed until your completed application and fingerprint cards are received. The Board does not issue temporary licenses.
7. You will not receive a permanent license until the fingerprint results from the Federal Bureau of Investigation (FBI) are received by the Board, approximately 2-3 weeks.
8. Cards will be rejected if bent, folded, tampered with, stained, smeared, or stapled. If rejected, you will be notified to resubmit your cards.

If you have any questions regarding this process, please contact the board offices at (605) 493-6504, or email sdoptboard@venturecomm.net.

PLEASE MAKE SURE THE FOLLOWING ITEMS ARE INCLUDED WITH APPLICATION OR
HAVE BEEN SENT TO THE SD BOARD OF OPTOMETRY:

- Application and Fee: \$175.00
- National Board Scores
- Pre-Optometry Transcripts
- Optometry Transcripts
- Law and Ethics Exam- 75% or above (If you did not complete this with the National Board within one year from date of application, please contact the board secretary to make arrangements.)
- 2 Photographs (one notarized)
- Location and Phone Number of Practice
- Completed fingerprint cards and check for \$43.25 made payable to the SD Division of Criminal Investigation.
- Address Form: (See following page)
- Certificate Fee: \$25.00
- Pro-Rated License Fee: This will depend on date of licensure. Yearly fee is \$225.00 for 10/1-9/30. Contact board secretary for exact amount.
- Office Inspection: Applicant must notify the Secretary of the Board within 60 days of establishing a practice in this state. If you are working for or with an established practice, that has previously been inspected, you will not need to fulfill this requirement.

SD Board of Optometry

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Name: First: _____ Middle: _____ Last: _____

Date: _____

Primary Practice Name: _____

Primary Practice Address: _____

Primary Practice Telephone: _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Please indicate where you would prefer to receive correspondence from the Board:

Does your practice have satellite offices? If so, please indicate the cities where they are located.

If applicable, please indicate any states, other than South Dakota, you hold an optometric license:

**PLEASE DO NOT FORGET TO NOTIFY THE BOARD OF ANY
CHANGES TO THIS INFORMATION.**

