



Board of Examiners in Optometry
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 Wall, SD 57790
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 Telephone: (605) 279-2244
 Website: <http://optometry.sd.gov>

DEMOGRAPHIC UPDATE- APPENDIX E
(Do not send with application. You will send this with remaining fees prior to receiving certificate.)

First Name:	Middle Name:	Last Name:
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Email Address:	Cell Phone:
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South Dakota Primary Practice Information

Practice Name:	Practice Address:
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City:	State:	Zip Code:
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Practice Phone:	If employee, who may we contact to verify employment:
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Employment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp/PRN <input type="checkbox"/>	Hours Worked Per Week:
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Satellite or Secondary Office Information

Practice Name:	Practice Address:
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City:	State:	Zip Code:
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Practice Phone:	Hours Worked Per Week:
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Employment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp/PRN <input type="checkbox"/>
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Home Address Information

Home Address:	Home Phone:
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City:	State:	Zip Code:
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Mail Preference

Where would you prefer to receive mail correspondence from the Board? Primary Practice Address <input type="checkbox"/> Home Address <input type="checkbox"/>

DEA Number (If Applicable):

Please note: You will receive email correspondence from the Board executive secretary with payment reminders and continuing education updates so it is important to have an active email address on file.

Signed:	Date:
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