



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

**REFERENCE FORM- APPENDIX A**

**(Must be signed by an optometrist licensed and in good standing from any U.S. state.)**

Please complete this reference form and return electronically or mail to the address shown above.

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//her 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.

Additional Comments:

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*Please note: No member of the profession is expected to sign this recommendation who does not know the applicant personally or who is not willing to supply additional information concerning this person's character and education upon request from the South Dakota Board of Examiners in Optometry.*

**Your Name (Printed):**

**Your Signature (Digital Signature Allowed):**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Email Address:**

**State of Optometry License (Currently Practicing):**

**License Number:**

**Number of Years in Practice:**

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