



Board of Examiners in Optometry
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REQUEST FOR LICENSE VERIFICATION- APPENDIX C

Must be completed by the regulatory agency of any other state in which you have been licensed. States may use their own forms.

Applicant Name:	License Number:
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Issue Date:	Expiration Date:
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Current License Status: Active Inactive Expired Revoked Probation Other _____

Is this individual considered to be in good standing in your state? Yes No

If no, please explain:

Has this license ever been revoked, suspended, restricted, limited, or placed on probation? Yes No

If yes, please explain:

Is this individual currently under investigation or charged with a violation? Yes No

If yes, please explain:

Was this individual required to pass a written examination at the time of initial licensure? Yes No

Is or was this individual licensed at the highest level of prescriptive authority possible in your jurisdiction? Yes No

If no, please explain:

If this license is not in good standing or has ever been revoked, suspended, restricted, limited, or placed on probation, please provide a copy of the final order or other documentation of action taken.

FORM COMPLETED BY:

Name (Printed):	STATE SEAL
Signature:	
Title:	
State Agency:	
Date:	
