



Board of Examiners in Optometry
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Wall, SD 57790
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Website: <http://optometry.sd.gov>

VERIFICATION OF PRACTICE LOCATION- APPENDIX D

20:50:02:07. Certificate of registration. After a candidate has successfully passed the examination, the certificate of registration for admission to practice shall not be issued until the candidate has secured and equipped an office within the state of South Dakota meeting the minimum requirements of § 20:50:06:01 or has arranged a bona fide association with a registered optometrist licensed under the laws of the state of South Dakota who has an office meeting those requirements. The certificate of registration shall not be issued as a result of the examination unless the requirements of all sections of this article are met within one year from the date the candidate was notified of passing the examination. This section does not apply when the candidate is in or entering the military or other governmental service.

Please check the box next to the option that best describes your practice location and complete that section:

Option 1:

I am opening my own practice that meets the minimum requirements of:

20:50:06:01. Minimum office equipment. The minimum equipment with which licensed optometrists shall operate their offices and engage in the practice of optometry consists of the following items, all of which shall be kept in good condition:

- (1) Ophthalmic chair and instrument unit;
- (2) Retinoscope;
- (3) Ophthalmoscope;
- (4) Phoropter;
- (5) Keratometer;
- (6) Trial lens set;
- (7) Trial frame;
- (8) Transilluminator;
- (9) Projector chart or other luminous acuity chart;
- (10) Biomicroscope;
- (11) Instrument to evaluate intraocular pressure;
- (12) Permanent patient record system;
- (13) Visual fields instrument;
- (14) Color vision test equipment; and
- (15) Sanitary lavatory basin.

I also understand that the following administrative rule applies to my situation:

20:50:06:02. Inspection of office. Within 60 days following the establishment of a practice of optometry in this state, a new licensee shall inform the secretary of the board. At least one member of the board shall conduct an inspection of the office facility and procedures. This section and § 20:50:06:01 also apply to an optometrist admitted under endorsement provisions or a licensed optometrist who changes location or opens an additional office. The inspection of the office of an optometrist previously licensed in this state is at the option of the board.

Practice Street Address: _____

Practice City, State and Zip: _____

Signature of Applicant: _____ Date: _____

VERIFICATION OF PRACTICE LOCATION- APPENDIX D (continued)

Option 2:

I am in or entering the military or other governmental service. I understand that 20:50:02:07 does not apply to my situation.

Signature of Applicant: _____ Date: _____

Option 3:

I have arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting the requirements of 20:50:06:01.

For licensure purposes, bona fide is defined as: made with earnest intent or in good faith without fraud or deceit.

To be completed by registered optometrist licensed under the laws of the State of South Dakota: (Practice Owner)

I hereby attest that I have an office meeting the requirements of 20:50:06:01. I have arranged a bona fide association with the person indicated in this application that he or she will be actively practicing in my office. This association has been made with earnest intent and without fraud or deceit.

Printed Name of SD Licensed Optometrist: _____

Signature of SD Licensed Optometrist: _____ Date: _____

Address of Practice Location: _____

Telephone Number of Practice Location: _____

To be completed by applicant:

I hereby attest that I have arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting the requirements of 20:50:06:01. This association has been made with earnest intent and without fraud or deceit.

Signature of Applicant: _____ Date: _____