



Board of Examiners in Optometry

PO Box 513

Wall, SD 57790

sdoptboard@goldenwest.net

Telephone: (605) 279-2244

Website: <http://optometry.sd.gov>

OPTOMETRY LICENSE APPLICATION

Requirements and Instructions- Applicant may keep this page for reference.

- Complete and mail enclosed application (pages 1-5). The application fee of \$175.00 must be sent by check or money order with the application. The application is good for one year from the date received. The application fee is non-refundable and must be paid again if reapplying after the expiration of the application. The application may be filled out electronically, but must be signed in ink and mailed to the address above.
- National Board Scores must be sent to the South Dakota Board of Optometry directly from the National Board of Examiners in Optometry.
- Official transcripts are required from all pre-optometric and optometric university education and must be sent directly from the school. Copies or unofficial transcripts will not be accepted.
- 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.
 - Instructions for completion:
 - Upon receipt of this application, fingerprint cards will automatically be mailed to the home address indicated on the application. If you would like them sent to another address, please provide this request in writing with the application.
 - The fingerprint cards you receive from the SDBEO **must** be the cards you use for the fingerprints since specific agency data is pre-printed on them. Make sure you fill out both sides of the cards before they are returned.
 - Contact your local law enforcement agency for fingerprinting.
 - Mail the completed fingerprint cards to the above address. Please include a check or money order for \$43.25 made payable to the **"South Dakota Division of Criminal Investigation"**.
 - Cards will be rejected if they have been bent, folded, tampered with, stained, smeared or stapled. If rejected, you will be notified to resubmit your cards.
 - Your application will not be processed until the results of the background check have been received. This board does not issue temporary licenses or special permits.
- Two references of good moral character must be submitted using forms Appendix A and B.
- License verification forms from Appendix C must be submitted for each state listed in the "record of licensure" on page 4. States may submit their preferred standard forms.
- The verification of practice location must be submitted using form Appendix D.
- When all documents have been received, you will receive notification that includes information regarding the estimated timeline for licensure and pro-rated license fee. Your certificate will be mailed upon receipt of the check or money order, address update form on Appendix E, and all other requirements as outlined in this application.

***Documents can also be found on the SDBEO website for your convenience in providing them to required parties.**



Attach Photo Here

For identification purposes, the applicant shall furnish one passport sized photograph taken not more than one year before the date of application.

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OPTOMETRY LICENSE APPLICATION

DEMOGRAPHIC INFORMATION

First Name:		Middle Name:		Last Name:	
Social Security #:			Birth Date:		Gender:

Have you ever been known under any other name? Yes No If yes, list name(s):

Personal Contact Information

Home Mailing Address:			Email Address:		
City:		State:		Zip Code:	
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Home Phone:		Cell Phone:	

Current Practice Information- (If licensed in another state.)

Practice Address:			Practice Phone:		
City:		State:		Zip Code:	

South Dakota Practice Information: Appendix D is required to be submitted to verify location of practice.

20:50:02:07. Issuance of license. The Board may not issue a license to a successful applicant until the applicant has secured and equipped an office in this state that meets the requirements of 20:50:06:01 or has arranged a bona fide association with a licensed optometrist in this state who has an office that meets those requirements. This section does not apply when the applicant is in or entering the military or other governmental service.

Please note: *If you have not currently secured a location to practice in South Dakota, you may still submit your application. This information can be added at a later date using the document on Appendix D.*

Practice Name:			Practice Address:		
City:		State:		Zip Code:	
Practice Phone:			If employee, who may we contact to verify employment:		

National Board of Examiners in Optometry Exam Required

Date of Exam:			OE Tracker Number:		
Have you requested to have your NBEO scores submitted to this board: YES <input type="checkbox"/> NO <input type="checkbox"/>					

EDUCATION**High School Graduation**

High School Name:	City and State:	Graduation Date:
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Pre-Optometric College Education

Starting with your undergraduate education, list all schools, colleges and universities attended, whether completed or not, and in chronological order.

Name of School	Address	Start Date	End Date

Degree Received:	Date of Graduation:
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Education in Optometry

Name of School	Address	Start Date	End Date

Degree Received:	Date of Graduation:
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MILITARY BACKGROUND

Are you currently a member of the armed forces of the United States? Yes No

Are you the spouse of a member of the armed forces of the United States? Yes No

If yes, was your spouse the subject of a military transfer to South Dakota? Yes No NA

CRIMINAL BACKGROUND INVESTIGATION

Instructions for completing the criminal background check can be found on page 1 and will also accompany the fingerprint cards that will be mailed upon receipt of this application.

36-7-12.2. Criminal background check of new applicants and licensees under disciplinary investigation. Each new applicant for licensure as an optometrist, in this state shall 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 of Optometry shall submit completed fingerprint cards to the Division of Criminal Investigation. Upon completion of the criminal background check, the Division of Criminal Investigation shall forward to the board all information obtained as a result of the criminal background check. This information shall be obtained before permanent licensure of the applicant. The board 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 to 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.

In accordance with 25-7A-56, the Board of Examiners in Optometry may not issue or renew any license under this chapter to a person after receiving notice from the South Dakota Department of Social Services that he or she has support arrearages in the sum of one thousand dollars or more unless he or she has made satisfactory arrangements with the Department of Social Services for payment of any accumulated arrearages. Failure to certify may result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

You must check one of the following:

- I am more than \$1,000 delinquent in complying with a child support order.
- I am currently under a child support order, but I am in compliance with the Department of Social Services.
- I am not currently under any child support order.

RECORD OF LICENSURE

I am currently or have previously been licensed to practice optometry in the following states and no others:

State	License Number	Issue Date	Expiration Date	Adverse Action: Formal or Informal Reprimand
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.

Explanation of adverse action(s):

Please note: In order to complete this application, the license verification form on page 9 must be completed and returned by the state licensing board from each state listed above.

PERSONAL HISTORY INFORMATION

1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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2. Have you ever been convicted, pled no contest/nolo contender, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please note: If you answered YES to 1 or 2, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated

3. Is there any pending criminal prosecution against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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4. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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5. Has any license, registration, permit or certificate held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been denied a license to practice optometry in another state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever been subject to a negligence or malpractice judgment or settlement during the scope and course of your practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. In the five years prior to application, have you had habitual addiction to alcohol or any other substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you had adverse action or ethical violation(s) during any education, residency or training program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note: For questions 3-10 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send all supporting applicable documents. You must attach supporting documents to the signed and dated explanation. Please put supporting documents in chronological order (most recent first).

ENDORSEMENT REQUIREMENTS
(You may skip this section if you have graduated optometry school in the past 5 years.)

20:50:02:04.03. Licensure by endorsement. An applicant for licensure by endorsement shall submit the application and fingerprints required by 20:50:02:02 and pay the application fee for initial licensure pursuant to 20:50:02:03.01. The application must be supported by written evidence satisfactory to the board that the applicant:

- (1) Is licensed in good standing to practice optometry in a state or territory under U.S. jurisdiction that required passage of a written, entry-level examination at the time of licensure;
 - (2) Has either passed the Treatment and Management of Ocular Disease (TMOD) portion of the national examinations or has therapeutic pharmaceutical privileges; and
 - (3) Has been actively and routinely engaged in the practice of optometry, including the use of therapeutic pharmaceutical agents, for at least five consecutive years immediately preceding application under this section.
- The applicant shall request any optometry licensing agency of any U.S. jurisdiction in which the applicant is licensed or has ever been licensed to practice optometry to provide reports directly to the board describing the applicant's current standing and any past or pending actions taken with respect to the applicant's authority to practice optometry in those jurisdictions, including any investigations, entrances into consent agreements, suspensions, revocations, or refusals to issue or renew a license. The board shall review, on a case-by-case basis, any application received from an optometrist who has had a license revoked by another optometric licensing jurisdiction.

The board may require additional education, testing, or training before granting licensure under SDCL 36-7-13 if the competency of any applicant is in question. Any applicant who has previously been denied a license by the board shall apply for and meet all initial licensure requirements.

Have you met all of the requirements described above to be issued licensure through endorsement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please note: If you answered NO to the above question, please provide written documentation of circumstances. You must also attach any applicable supporting documents.

- No person shall be eligible for licensure 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.
- An applicant for a license to practice optometry in the State of South Dakota shall be a graduate from an institution recognized and approved by the South Dakota Board of Examiners in Optometry.
- An applicant 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. By submitting this document, you are authorizing this board to conduct federal and state background checks.
- An applicant must file with the board, a properly executed application together with a non-refundable 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. The application is current for one year after the date in which it was received. After this date, the application will expire and the \$175.00 must be paid again to reapply.
- While an applicant is asked to provide a social security number on this application, an independent license number will be issued upon licensure.
- Upon licensure, general license, practice address, and disciplinary actions will be posted on the South Dakota Board of Examiner’s website. Licensee demographic information may also be shared with other state entities for statistical purposes.
- I will carefully read and study the South Dakota Optometry Laws, including South Dakota Codified Law chapters 36-7 and 47-11B, and Administrative Rules of South Dakota Article 20:50. By signing this form, I am also attesting that I have done so and will comply with these laws.
- I will further faithfully submit and conform myself and my actions to obey, observe, perform, fulfill, and keep all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota. I will at all times assist the duly constituted authorities in enforcement of the laws governing Optometry in South Dakota.
- I hereby agree that if I furnish false information, or I shall violate the above agreements, the board may find me ineligible for licensure. I understand that I must notify the board of any changes to information in the application after submission.

CERTIFYING STATEMENT

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief all information contained herein is true and correct and that the photograph attached hereto is a true likeness of myself.

I hereby authorize the State Board of Examiners in Optometry to verify any and all information contained in this application. I authorize the South Dakota Board of Examiners in Optometry to obtain and review any and all records and files pertaining to my licensure and practice in this and any other state in which I am or have been licensed in optometry or have applied to be licensed in optometry, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota.

Signature of Applicant:	Date:
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APPLICATION MUST BE NOTARIZED

Printed Name of Notary Public:

Subscribed and sworn to before me this _____ day of _____ 20_____.

My commission expires:

End of Application



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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:

***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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REFERENCE FORM- APPENDIX B

(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:

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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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 also use their own forms.

Applicant Name:		License Number:
Issue Date:	Expiration Date:	
Current License Status: Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Revoked <input type="checkbox"/> Probation <input type="checkbox"/> Other <input type="checkbox"/> _____		
Is this individual considered to be in good standing in your state?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:		
Has this license ever been revoked, suspended, restricted, limited, or placed on probation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:		
Is this individual currently under investigation or charged with a violation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:		
Was this individual required to pass a written examination at the time of initial licensure?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this individual either passed the TMOD portion of the National Board of Examiners exam or have therapeutic pharmaceutical privileges?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:		
<i>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.</i>		

FORM COMPLETED BY:

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



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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: _____



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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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