SD Board of Examiners in Optometry
PO Box 42
Black Hawk, SD 57718
sdoptboard@outlook.com
Telephone: (605) 279-2244
Website: http://optometry.sd.gov

OPTOMETRY LICENSE APPLICATION: APPLICANT CHECKLIST

Requirements and Instructions: Applicant may keep the first two pages for reference.

☐ Complete and mail enclosed application (pages 3-8). The application fee of $175.00 must sent by check or money order with the application. It 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 PDF document may be filled out electronically, but the end of the application must be signed in ink, notarized 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.

☐ **Criminal Background Check Requirement:** In accordance with SDCL 36-7-12.2, all applicants for licensure must undergo a state and federal criminal background check. You will have to options for completing the fingerprint process:

Step 1: Confirmation Email: Once we receive your application, you will receive an email from our office asking whether you will be completing the fingerprinting process in South Dakota or out of state. That email will also include detailed instructions for both options.

Step 2: Choose a Fingerprinting Method and Notify Us Via Response to Email
Option 1: In-State (South Dakota)

- You will complete the process using Livescan digital fingerprinting, with electronic submission and online payment.
- Estimated processing time: 1–2 weeks for results to be received.

Option 2: Out-of-State

- We will mail you the required fingerprint cards.
- You must have your fingerprints taken at a local law enforcement agency.
- Return the completed fingerprint cards to us; we will forward them to the South Dakota Division of Criminal Investigation.
- Estimated processing time: 4–6 weeks for results to be received.

☐ You must request a license verification from each state in which you have ever held a license, as listed in the "Record of Licensure" section on page 5 of the application. Each verification must be sent directly from the state licensing board to our office.

☐ **Appendix A: Law Attestation** must be completed and submitted.

☐ **Appendix B: Verification of Practice** Location must be completed and submitted.

WHEN ALL OF THE ABOVE DOCUMENTS HAVE BEEN RECEIVED, YOU WILL RECEIVE AN EMAIL THAT INCLUDES ESTIMATED TIMELINE FOR LICENSURE AND INSTRUCTIONS FOR PAYMENT OF YOUR PRO-RATED LICENSE FEE.

THIS APPLICATION DOES NOT AUTHORIZE APPLICANT FOR ADVANCED PROCEDURES

PLEASE NOTE: This document is our general application for new licenses. If this application is approved, the privileges granted through this approval include:

36-7-1. The practice of optometry is declared to be a profession and is defined as:

(1) The examination of the human eye and its appendages;
(2) The employment of any means for the measurement of the powers of visions, or any visual, muscular, neurological, interpretative, or anatomical anomaly of the visual process;
(3) The prescribing or employment of lenses, prisms, frames, mountings, and visual training procedures;
(4) The prescribing or administration, except by injection unless otherwise permitted by this chapter, of any pharmaceutical agent rational to the diagnosis and treatment of the human eye and its appendages;
(5) The employment of any means or method for the correction, remedy, or relief of any insufficiency or abnormal condition of the visual process of the human eye and its appendages, provided the term "any means or method" does not include surgeries, unless otherwise permitted by this chapter;
(6) The removal of a superficial foreign body from the eye;
(7) The prescribing of contact lenses, except by a physician licensed under chapter 36-4;
(8) The use of intense pulsed light for the treatment of dry eye disease;

Advanced Procedures: Advanced procedures have been approved by legislative authority; however, South Dakota licensed optometrists may NOT perform these procedures until they have been authorized by the Board by using the advanced procedures application(s) that can be found on our website. **These are two separate application processes and none of these procedures may be conducted until an advanced procedure application has been approved.**

Advanced procedures include:

- Intradermal Injection of a Paralytic Agent **(INJ-PA)**
- Intralesional Injection of a Steroid to Treat a Chalazion **(INJ-S)**
- Use of Local Anesthetic in Conjunction with the Primary Removal of a Pedunculated Skin Tag **(ST)**
- Performance of a Selective Laser Trabeculoplasty **(LAS-T)**
- Performance of a Posterior Capsulotomy using an Yttrium Aluminum Garnet Laser **(LAS-YAG)**

If an optometrist receives certification in all of the above procedures, an **(AP)** will be placed after their license number. This will be the highest level of licensure for a South Dakota optometrist.

*Any procedure referenced above, when performed by an optometrist licensed in SDCL 36-7, does not constitute the practice of medicine, for purposes of SDCL 36-4. Nothing in the scope of practice may be construed to allow the performance of intraocular injections, intraocular surgery, or refractive surgery by an optometrist.

SOUTHDAKOTA
BOARD OF EXAMINERS IN OPTOMETRY

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: _____

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

Social Security #: _____ Birth Date: _____ Gender: _____

Personal Contact Information

Home Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____ US Citizen: Yes ☐ No ☐

Current Practice Information:

☐ I do not have current practice information.

Practice Name: _____ Practice Phone: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

South Dakota Practice Information:

20:50:02:07. Certificate of registration. 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.

Verification of Practice Location (Appendix B)

You are required to submit **Appendix B: Verification of Practice Location** before your license can be issued.

If you have not yet secured a practice location, you may still submit your application; however, Appendix B must be submitted at a later date in order for your license to be issued.

Where do you prefer to receive mail correspondence from the board?

☐ Home Address

☐ Practice Address from Appendix B

DEA Number (If Applicable): _____

EDUCATION

National Board of Examiners in Optometry Exam (NBEO) Required:

Date of Final Exam: _____ OE Tracker Number: _____

Have you requested to have your NBEO scores submitted to this board: Yes ☐ No ☐

Pre-Optometric (Undergraduate) College Education

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

Name of School: _____ Degree Received: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Name of School: _____ Degree Received: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Name of School: _____ Degree Received: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Post-Graduate Optometric Education

Name of School: _____ Degree Received: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Name of School: _____ Degree Received: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

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 ☐

CRIMINAL BACKGROUND INVESTIGATION

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.

Step 1: Confirmation Email: Once we receive your application, you will receive an email from our office asking whether you will be completing the fingerprinting process in South Dakota or out of state. That email will also include detailed instructions for both options.

Step 2: Choose a Fingerprinting Method and Notify Us Via Response to Email

Option 1: In-State (South Dakota)

- You will complete the process using Livescan digital fingerprinting, with electronic submission and online payment.
- Estimated processing time: 1–2 weeks for results to be received.

Option 2: Out-of-State

- We will mail you the required fingerprint cards.
- You must have your fingerprints taken at a local law enforcement agency.
- Return the completed fingerprint cards to us; we will forward them to the South Dakota Division of Criminal Investigation.
- Estimated processing time: 4–6 weeks for results to be received.

RECORD OF LICENSURE

List all states in which you are currently, or have previously, been issued a license to practice optometry: **(Include any formal or informal disciplinary actions or reprimand.)**

State: _____ License #: _____ Issue Date: _____ Expiration Date: _____ Adverse Action: Yes ☐ No ☐

State: _____ License #: _____ Issue Date: _____ Expiration Date: _____ Adverse Action: Yes ☐ No ☐

State: _____ License #: _____ Issue Date: _____ Expiration Date: _____ Adverse Action: Yes ☐ No ☐

State: _____ License #: _____ Issue Date: _____ Expiration Date: _____ Adverse Action: Yes ☐ No ☐

State: _____ License #: _____ Issue Date: _____ Expiration Date: _____ Adverse Action: Yes ☐ No ☐

***License verification must be submitted directly to this board from each state listed above. If "yes" was selected, documentation of disciplinary action must be submitted with verification.**

CHILD SUPPORT INFORMATION

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 that $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.

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 ☐ No ☐
2. 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 misdemeanor other than a class 2 misdemeanor traffic offense?	Yes ☐ No ☐
Please note: *If you answered YES to 1 or 2, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice as an optometrist, and description of rehabilitation efforts. 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 explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation.* ***This does not include records that have been sealed, expunged or pardoned.***	
3. Is there any pending criminal prosecution against you?	Yes ☐ No ☐
4. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	Yes ☐ No ☐
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 ☐ No ☐
6. Have you ever been denied a license to practice optometry in another state?	Yes ☐ No ☐
7. Have you ever been subject to a negligence or malpractice judgment or settlement during the scope and course of your practice?	Yes ☐ No ☐
8. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice optometry in a competent, ethical, and professional manner?	Yes ☐ No ☐
Please note: *For questions 3-8 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

☐ If you graduated from an optometry school within the past five years, check this box. You may then skip the remaining portion of this section and proceed directly to the "Authorization and Release".

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 South Dakota Boad of Examiners in Optometry that the applicant:

(1) Is licensed in good standing to practice optometry in a state or territory under United States jurisdiction that required passage of a written, entry-level examination certified by the National Board of Examiners in Optometry at the time of initial licensure;
(2) Has either passed the Treatment and Management of Ocular Disease examination or is authorized to use therapeutic pharmaceutical agents; and
(3) Has been engaged in the practice of optometry for at least five consecutive years immediately preceding application under this section.

The applicant shall request any optometry licensing agency of any United States jurisdiction in which the applicant is licensed, or has ever been licensed to practice optometry, to provide reports directly to the South Dakota Board of Examiners in Optometry 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.

- Are you licensed to practice optometry, and in good standing, in a state or United States jurisdiction that required passage of an entry level exam certified by the National Board of Examiners in Optometry?

  Yes ☐ No ☐

- Have you either passed the Treatment and Management of Ocular Disease (TMOD) or have you been authorized to use therapeutic pharmaceutical agents?

  Yes ☐ No ☐

  - If authorized to use therapeutic pharmaceutical agents other than through the TMOD, please provide the following information:

    State Authorized: _____

    Date of Authorization: _____

- Have you been engaged in the practice of optometry for at least five consecutive years immediately preceding this application?

  Yes ☐ No ☐

Please note*: If you answered NO to the above question, please provide written documentation of circumstances. You must also attach any applicable supporting documents.*

AUTHORIZATION AND RELEASE

- No person shall be eligible for licensure unless such person is a full eighteen years old, a citizen of the United States of America, or a resident of South Dakota, and of good moral character.
- An applicant for a license to practice optometry in the State of South Dakota shall be a graduate from an optometric 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. 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 and is required by law.

CERTIFYING STATEMENT

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.

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: _____

APPLICATION MUST BE NOTARIZED

Printed Name of Notary Public: _____

Signature of Notary Public: _____

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

My commission expires: _____

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OPTOMETRY LICENSE APPLICATION: APPENDIX A
LAW COMPLIANCE ATTESTATION

Name of Applicant: _____

In lieu of completing the law and ethics examination, applicants are required to attest that they have thoroughly reviewed and studied the South Dakota statutes and administrative rules governing the practice of optometry.

The following are the laws pertaining to optometry in South Dakota:

- South Dakota Codified Law Chapters 36-7

  Codified Law 36-7 | South Dakota Legislature

- South Dakota Codified Law Chapter 47-11B

  Codified Law 47-11B | South Dakota Legislature

- Administrative Rules of South Dakota Article 20:50

  Administrative Rule 20:50 | South Dakota Legislature

These can also be accessed though the board's website: South Dakota Board of Examiners in Optometry | South Dakota Department of Health:

Find Administrative Rule and Codified Laws on optometry through the South Dakota Legislature.

View ARSD 20:50 | View SDCL Optometrists | View SDCL Optometric Corporations

By signing this document, I affirm that I have thoroughly read all statutes and administrative rules provided in the links above. I further agree to fully comply with and adhere to all provisions of the South Dakota Codified Laws and the Administrative Rules of South Dakota that govern the practice of optometry. I will support and cooperate with the appropriate authorities in enforcing these laws. I understand that I will receive email updates regarding changes to the laws; however, it is solely my responsibility to stay informed of and comply with any amendments or revisions.

Signed: _____ Date: _____

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OPTOMETRY LICENSE APPLICATION: APPENDIX B
VERIFICATION OF PRACTICE LOCATION

Name of Applicant: _____

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.

INSTRUCTIONS: Please check the box next to the option that best describes your practice location and complete the corresponding section. You must select and complete one of the three options.

☐ **OPTION 1:** I am opening my opening my own practice that meets the minimum requirements of:

20:50:06:01. Minimum office equipment. A licensed optometrist's office must contain the following equipment, maintained in good condition:

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

20:50:06:01.01. Telehealth office equipment. In addition to the equipment in 20:50:06:01, an optometrist providing telehealth services shall maintain an office containing the following equipment, maintained in good condition:

(1) Anterior segment video recording system; and
(2) Full field imaging system or fundus camera.

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

20:50:06:02. Inspection of office for a new applicant. The board shall conduct an office inspection, in accordance with SDCL 36-7-30, prior to issuance of a license, unless the applicant:

1) Indicates on the initial license application that the applicant has arranged a bona fide association with a licensed optometrist at an office that has been inspected by the board within the past two years and meets the requirements of 20:50:06:01 and 20:50:06:01.01, or
2) Is entering the military or other governmental service.

The applicant shall appear in person for a board inspection.

Practice Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature of Applicant: _____ Date: _____

[redacted]

☐ **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 and that I will provide documentation to support this claim.

Signature of Applicant: _____ Date: _____

[redacted]

☐ **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 and 20:50:06:01.01.

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 and 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: _____

Address of Practice Location: _____ City: _____ State: ____ Zip: _____

Telephone Number of Practice Location: _____

Signature of SD Licensed Optometrist: _____ Date: _____

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 and 20:50:06:01.01. This association has been made with earnest intent and without fraud or deceit.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ Date: _____