Board of Examiners in Optometry
PO Box 513
Wall, SD 57790
sdoptboard@goldenwest.net
Telephone: (605) 279-2244
Website: http://optometry.sd.gov

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 ☐ 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Has this license ever been revoked, suspended, restricted, limited, or placed on probation?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 ☐
Has this individual either passed the TMOD portion of the National Board of Examiners exam or have therapeutic pharmaceutical privileges?	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If this license is not in good standing or has ever been revoked, suspended, restricted, limited, or placed on probation, please provide a copy of the final order or other documentation of action taken.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:	