



# State Board of Optometry

4815 W. Markham St., Slot 70

Little Rock, AR 72205

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[www.arkoptometry.org](http://www.arkoptometry.org)

[ADH.OptometryBoard@arkansas.gov](mailto:ADH.OptometryBoard@arkansas.gov)

Place  
Application  
Photo Here

(Headshot or  
passport photo taken  
within the last year)

## Application for Optometry Licensure by Endorsement

### 1. Personal Data

First Name	Middle Name	Maiden Name	Last Name	Suffix
Mailing Address			City	State Zip
Email Address	Phone Number	Social Security Number	OE Number	
Date of Birth	Place of Birth (City/State)	Sex	Race/Ethnicity	U.S. Citizen (Y/N)

#### Please Check One of the Following if it Applies to You

- A uniformed service member
- A uniformed service veteran
- The spouse of a uniformed service member or uniformed service veteran

### 2. Other State Optometry Licenses

State/Jurisdiction	License Number	Date Licensed	Years of Practice

### 3. Education - Optometry and Undergraduate Schools

School	Degree	Date of Graduation

#### 4. Background History

Have you or are you planning to take the Optometry State Board Examinations in other states? Yes: \_\_\_ No: \_\_\_

State	Date	Passed (Y/N)

Have you ever had a license to practice optometry revoked or suspended? Yes: \_\_\_ No: \_\_\_  
 If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? Yes: \_\_\_ No: \_\_\_  
 If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I am desirous of qualifying to practice Optometry in the State of Arkansas in accordance with Ark. Code Ann. §17-90-101 et. seq. and the Rules duly promulgated by the Board.*

*I have been issued a certificate(s) or license(s) to practice optometry by a state, territory, the District of Columbia, and/or Canada, having standards of proficiency at least equal to the standards of Arkansas, and have engaged in the lawful practice of optometry for three of the last four years .*

*I hereby give my permission for the Arkansas Department of Health – State Board of Optometry to secure information concerning myself or any of the statements in this application from any person or source the Board may desire.*

*I further agree to meet with and submit to questions regarding my qualifications as an applicant by the Board or any member thereof, and to substantiate my statements if desired by the Board.*

*I have attached a check or money order in the amount of \$438.50 to cover the registration fee and criminal background check. I understand this fee is nonrefundable.*

*I understand that any falsification or misrepresentation of any item or response in this application, or and documentation supporting this application, even if submitted separately, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice optometry in the State of Arkansas.*

\_\_\_\_\_  
 Signature of Applicant (signed in presence of Notary Public)

\_\_\_\_\_  
 Date of Application

Subscribed and sworn before me, a Notary Public, in and for the State of \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

**Application for Optometry Licensure by Endorsement**  
**Additional Documentation Necessary to Complete File**  
**Forward to the State Board Office**

- Check or money order for \$438.50
- Passport sized photograph attached to the application (taken in the last year)
- Official transcripts from undergraduate school(s) – must come directly from the schools
- Official transcripts from Optometry school – must come directly from the school
- Letter of good standing from each state licensed to practice Optometry in
- Copies of therapeutic license(s)
- Proof of completion of all parts of the National Board of Examiners in Optometry examination required at the time of graduation for initial licensure (Official NBEO scores released to the State Board of Optometry)
- Current CPR Certification
- Signed authorization forms and fingerprint cards for Arkansas State Police and FBI background check (authorization form and fingerprint cards will be sent to you once the application and fee are received)
- Provide malpractice claim information if applicable

**Additional Requirements for Licensure**

- Interview with Board members at a State Board of Optometry board meeting (dates provided by Board office)
- Pass Arkansas jurisprudence exam (will take same day as interview)