STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
CERTIFICATION OF LICENSURE

MISSOURI STATE BOARD OF OPTOMETRY
3605 MISSOURI BOULEVARD
P.O. BOX 1335
JEFFERSON CITY, MO 65102
TELEPHONE (573) 751-0814

NAME OF APPLICANT	DATE OF BIRTH

The above named applicant has made application for licensure to practice optometry in the State of Missouri. The applicant has stated that he/she is licensed to practice optometry in your state. To assist the Board in an evaluation of the application please certify the following:

DATE OF ISSUANCE	DATE LICENSE EXPIRES

LICENSED BY

☐ National Board ☐ State Examination ☐ Waiver ☐ Reciprocity from _____

☐ Written
☐ Practical

CURRENT LICENSE STATUS

☐ Active ☐ Inactive ☐ Lapsed ☐ Other _____

IS THERE ANY DISCIPLINARY ACTION NOW PENDING CONCERNING THIS LICENSE OR HAS THIS LICENSE EVER BEEN REVOKED, SUSPENDED, SURRENDERED, RESTRICTED, LIMITED, OR PLACED ON PROBATION?

☐ YES ☐ NO IF YES, EXPLAIN ON REVERSE SIDE.

DOES YOUR STATE GRANT THE SAME PRIVILEGE OF RECIPROCAL REGISTRATION TO MISSOURI REGISTRANTS?

☐ YES ☐ NO

If the applicant was licensed by a state constructed examination, indicate subject names and scores:

SUBJECTS	SCORES

BOARD SEAL	SIGNATURE	
	TITLE	
	STATE	DATE