



State Board of Optometry

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FOR BOARD

USE ONLY:

Fee Paid: ____\$0____

Approved: _____

Date: _____

License Date: _____

AP License Date: _____

Branch License No.

Application Duplicate License for Branch Office Optometric Physician

It is the responsibility of the licensee to apply for duplicate licenses for each branch office location. Duplicate licenses are unique to each branch and are not transferrable. If a licensee is no longer practicing at a branch location, the state board office should be notified.

Mail the completed and signed application with fee to the board office for processing.

Fees - \$0

Name: _____

Primary Office Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

License Number: _____ Optometric Physician Number: _____

Advanced Procedure Number: _____ Drug Number: _____

Branch Office Information

Address: _____

City: _____ Zip: _____

County: _____ Phone: _____ Fax: _____

Days and Hours Branch Office Open: _____

Names and License Numbers of
other Arkansas Licensees at Branch: _____

The above information supplied by me in submitting the application for duplicate licenses is to the best of my knowledge, accurate. I understand the responsibility of securing duplicate branch licenses before beginning to practice Optometry in this branch location.

Date: _____ Signature: _____

Large Certificate for Branch Office Location (Y/N) _____