



CALIFORNIA STATE BOARD OF  
**OPTOMETRY**

**STATE BOARD OF OPTOMETRY**  
2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834  
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# APPLICATION FOR STATEMENT OF LICENSURE

Cashiering and Board Use Only			
Receipt #	Payor ID #	Beneficiary ID #	Amount

**FEE: \$40**

**Instructions:** This application is to be completed by optometrists who are **employed or contracted** to practice optometry at a location that is not their principal place of practice. An optometrist's principal place of practice is the practice location to which the optometrist (OPT) license is issued. The Statement of Licensure must be conspicuously posted in the practice location to which it was issued.

**\*NOTE:** A Statement of Licensure is not transferable. This license must be renewed biennially on the same date as your optometrist license.

**Please Print or Type**

<b>1.</b>	<b>Applicant Information:</b>				
	Last	First	Middle I.	OPT License#	
	Principal Place of Practice Address		City	State	Zip Code
	Phone #	Cell #	E-mail		
<b>2.</b>	<b>Practice Location to be Listed on Statement of Licensure:</b>				
	Address	City	State	Zip Code	Phone #
<b>3.</b>	<b>Employer(s) Information for Statement of Licensure Location:</b>				
	If your employer is an individual (sole proprietor), please list their name. If your employer is an optometric practice, please list the business name.				
	Name of Employer				OD, MD, or DMHC License #
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	Information provided on this application that differs from this Board's, the Medical Board or Department of Managed Health Care records will result in an application processing delay. Please provide an attachment to this application if there are more than two employers at the location of employment.				
<b>4.</b>	<b>Declaration:</b>				
	<i>I the undersigned hereby declare under penalty of perjury under the laws of the State of California that all statements made on this application are true and correct and that I have read, understand, are, and will be in compliance with the provisions of the California Business and Professions Code §655, 3070, 3075 and 3103, California Code of Regulation §1506, and other such laws, rules and regulations as may be relevant.</i>				
	<b>Signature of Applicant:</b>			<b>Date Signed:</b>	
	_____			_____	

**Authority and Further Instructions to Complete the Application for Statement of Licensure**

Business and Professions (BPC) Code §3070 requires licensed optometrists to notify the Board of every location at which they practice or intend to practice optometry on a regular basis.

BPC Code §3075 requires that optometrists post in each location where he or she practices optometry, in an area that is likely to be seen by all patients who use the office, his or her current license or other evidence of current license status issued by the board.

California Code of Regulations §1506 further requires that where a licensee does not own a practice but practices optometry in a single office as an employee or a contractor, that office shall be his/her principal place of practice and where a licensee does not own a practice, singly or jointly with any others, but practices in two or more offices as an employee or a contractor, he/she shall inform the Board in writing of such offices and shall have a statement of licensure issued by the Board and conspicuously posted in each of such additional offices wherein he/she practices optometry as an employee, provided that: (1) He/she shall first apply for a statement of licensure for the exact location of the office wherein it is to be posted in lieu of his/her certificate of licensure; (2) He/she shall not post a statement of licensure in any office other than that as authorized by such statement of licensure and; (3) A statement of licensure shall not be altered or assigned.

A statement of licensure is to be immediately surrendered to the Board by the licensee to whom it is issued upon the occurrence of any of the following: (1) His/her certificate becomes expired, is suspended or is revoked; (2) His/Her employer terminates ownership of the practice or his/her employment to practice optometry in the office wherein he/she is authorized by a statement of licensure and; (3) The office wherein he/she is authorized by a statement of licensure becomes the only office wherein he/she is employed to practice optometry.