



# State Board of Optometry

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FOR BOARD  
USE ONLY:  
Fee Paid: \_\_\_\_\_  
Approved: \_\_\_\_\_  
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 license is to be returned to the state board office. Mail the completed and signed application with fee to the board office for processing. Fees - \$75 (\$50 Duplicate License, \$25 Duplicate Optometric Physician License)

Name: \_\_\_\_\_

Primary Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

Optometric Physician 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) \_\_\_\_\_