



## MISSISSIPPI STATE BOARD OF OPTOMETRY

### REINSTATEMENT FOR LICENSURE

[Pursuant to MCA § 73-19-21]

- Request from Licensee in RETIRED status less than five (5) years.
- Request from Licensee in RETIRED status more than five (5) years or INACTIVE status.
- Request for Reinstatement under the Universal Recognition of Occupational Licensing Act (UROLA) [Miss. Code Ann. §73-50-2 (2021)] from Licensee in RETIRED or INACTIVE status in Mississippi and who wishes to return to Mississippi and meets the following requirements:
  - holds a current and valid license in good standing in another state and has held this license in the other state for at least one (1) year; and
  - the other state verifies that the applicant met their education requirements, work experience, examination, and clinical supervision requirements;
  - has not committed any act in the other state that would constitute grounds for refusal Suspension or revocation of a license to practice in Mississippi at the time the act was committed, and the applicant does not have a disqualifying criminal record in Mississippi under Mississippi law; and
  - has not surrendered a license because of negligence or intentional misconduct related to your work in the optometry occupation in the other state; and
  - does not have a complaint, allegation or investigation pending before the board in another state that relates to unprofessional conduct or alleged crime; and
  - pays the \$400 annual license fee (or \$200 prorated license fee if requesting reinstatement July through December); and
  - pays the \$32.00 fingerprint-based background check fee (if inactive more than five (5) years); and
  - provides proof of a state-issued identification card; or
    - a current Mississippi residential utility bill with the applicant's name and address; or
    - documentation of current ownership, or current least of a residence in Mississippi; or
    - documentation of current in-state employment or notarized letter of promise of employment for his or her spouse; or
    - any verifiable documentation demonstrating Mississippi residence.

If applying under UROLA, a temporary practice permit may be issued for a period of 365 days until which time the individual must sit for and pass the MSBO jurisprudence examination. The fingerprint-based background check is required prior to issuance of a Temporary Practice Permit.

**MCA § 73-50-2 (14). It is important to note that any license issued under this section is valid only in Mississippi and does not make the person eligible to work in another state under a reciprocity agreement.**



1.	Are you a citizen of the United States? If no, attach copy of passport including work permit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you been convicted or found guilty of a crime in any state or jurisdiction, regardless of adjudication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is there any criminal charge now pending against you? (Do not include parking or speeding violations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever been a defendant in a court-martial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you ever been declared legally incompetent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever undergone treatment for the use of drugs, narcotics or intoxicating liquors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you ever received treatment for any emotional disturbances, mental disorder or insanity that could impair your ability to perform optometry or any other licensed profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Has a regulatory authority in any state or jurisdiction (including Mississippi) denied you a license or other credentials to practice optometry or to practice any other licensed profession? If yes, YOU MUST provide a copy of the denial letter from the regulatory authority AND a letter of explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Has a regulatory authority in any state or jurisdiction (including Mississippi) granted you a license or other credential to practice optometry or to practice any other licensed profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Have you ever held a license issued by the Mississippi State Board of Optometry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	If yes, what was your license number?	When did your license expire?	
12.	I have practiced for compensation in Mississippi during the term that my license was expired or retired.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Why did you allow your license to expire?		
14.	Has a regulatory authority in any state or jurisdiction (including Mississippi) disciplined you related to the practice of optometry or to the practice of any other licensed profession? (Such disciplinary outcomes include, but are not limited to, license restrictions, probation, fine or reprimand.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Has a regulatory authority in any state or jurisdiction (including Mississippi) suspended, revoked, denied the renewal of, or required you to surrender your Optometry License or other credential, or your license to practice any other profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Have you ever voluntarily surrendered a license or credential in connection with or to avoid disciplinary action by a regulatory authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	As an optometrist or other licensed professional, are you now or have you ever been a defendant in civil litigation in which the basis of complaint was for negligence, malpractice, or lack of professional competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as an optometrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	I confirm that I am in full compliance with Rule 8.1 in that I remain free of control and I shall not divide, share, split or allocate, either directly or indirectly, any fee for optometric or therapeutic optometric services or materials with any layperson, firm or corporation, provided that this rule shall not be interpreted to prevent any optometrist or therapeutic optometrist from paying any employee in the regular course of employment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	I confirm that I clearly understand that it shall be construed as a violation of this Rule 8.1 for any optometrist or therapeutic optometrist to lease space from an establishment, or to pay for franchise fees or other services, on a percentage of gross receipts basis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	I confirm that my practice will be owned by a Mississippi-licensed optometrist or therapeutic optometrist and that every phase of the practice and the leased premises shall be under the exclusive control of a Mississippi licensed optometrist or therapeutic optometrist.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "no" to question 1 or "yes" to any of the remaining questions, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names & addresses). It will be necessary to direct each practitioner or facility who treated you to furnish the Board with any information the Board requests with respect to any such treatment. Attach to this application.

If you answered "no" to any of the final three (3) questions (questions 19, 20 or 21), the Board has the right to request a copy of contracts, agreements, or any other documents which detail your method of operation as well as a copy of floor plans, lease agreements, advertisements or any other documents required to validate compliance under the Mississippi Code Annotated §73-19-1 through § 73-19-195.

# AFFIDAVIT OF APPLICATION

I, \_\_\_\_\_, solemnly swear under oath and affirm that if this application is accepted and I am granted a license to practice as an optometrist in the State of Mississippi, I will obey the laws of this state and the rules and regulations of the Mississippi State Board of Optometry (Board), and I will maintain the honor and dignity of the profession. I also understand that Board-approved CE hours for each year that I have not been in active status is required.

It is understood and agreed that if I should fail to keep the above agreement or if I have made any false statements in this application, that:

- (a) My license may be suspended or revoked by the Board at any time.
- (b) I have read and understand the law and rules and regulations pertaining to optometry in the State of Mississippi.
- (c) I further understand that it is my responsibility to keep my license current and stay informed of any changes in the law, rules and regulations, and/or policies relative to the profession of optometry in this state.

I further affirm that all statements in this application are true and correct.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Mississippi License Number*