



# MISSISSIPPI STATE BOARD OF OPTOMETRY

## CHANGE NOTIFICATION

**Rule 8.15**

*Any person licensed to practice optometry in this State shall, and at least fourteen (14) days prior to the change, send written notice to the Board of any change in telephone number, business street address, and or mailing address for any office (including branch offices) in which they practice and the effective date of such change. Floor plans must be provided, if requested, for validation of compliance with the rules of the Board.*

**Rule 9.3**

*Every optometrist in active practice in this State shall designate in writing on his license application or renewal form one fixed location as his main office and shall identify any branch office locations then existing. A branch office is defined as any fixed location where the optometrist may practice other than his main office. Any change in office location or new opening of any office (main or branch) shall be reported in writing to the board, including change in ownership, and the starting of a practice in the same physical location where any other optometrist is already in practice. The provisions of this Rule shall apply without regard to the optometrist's ownership interest, or lack thereof, in the office facility or the practice located where any licensed optometrist may practice under his license granted by this board.*

Date of Submission: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Name of Optometrist: \_\_\_\_\_ License Number \_\_\_\_\_

Identify the Change:

Name Changed to: \_\_\_\_\_  
(attach copy of supporting documentation, e.g., marriage license, Final Court Order)

Telephone Number Changed to: \_\_\_\_\_

Business Address Changed to: \_\_\_\_\_

Mailing Address Changed to: \_\_\_\_\_

Ownership Changed to: \_\_\_\_\_

By submission of this Change Notification, I understand that floor plans must be provided upon request by the Board to validate compliance with the rules of the Board.

\_\_\_\_\_  
*Signature*

**OFFICE USE ONLY**

Date Received:	Date Processed:	MSBO Staff Initials:
----------------	-----------------	----------------------