

North Dakota Board of Optometry

2025 License Renewal Form

License renewals **must** be accompanied by this form and **received** by the Board no later than December 20, 2024. Please fill out this form, sign at the bottom, and mail a check for \$200.00 to the ND Board of Optometry. Please fill out completely so the database can be updated and current.

Board Address:

2222 E. Broadway Ave, Bismarck, ND 58501

Name:

License Number:

OE Tracker Number :

DEA Number:

Practice Name:

Office Address: Remote: Yes/No

Office Phone:

Email Address:

Home Address:

Home Phone:

Satellites:

Mailing Address: Home/Office Address

Have you ever been charged or received a deferred prosecution or imposition of sentence for any misdemeanor or felony charges? If so, please list: _____

Are you currently, or have you in the past, been addicted to alcohol or a controlled substance? _____

Are you currently, or have you in the past, sold or distributed any drug legally classified as a controlled substance? _____

Do you realize that as an optometrist in North Dakota, you must keep a D.E.A. log if you have a DEA number? _____

Do you realize that you must let the State Board know of any changes in practice location within 30 days?

_____ (indicate yes)

Date of current CPR Certification: _____ (Please include a copy of your certification)

I certify the information above is correct and complete.

Signature

Date