



# State Board of Optometry

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FOR BOARD  
USE ONLY:  
Fee Paid: \$0\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

## Notification Form – Change of Address Branch Practice

It is the responsibility of the licensee to notify the board of a practice location address change. Submit written notice via this form to the board office before practicing at the new location.

Fee - \$0

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

Current Branch Office Address: \_\_\_\_\_

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

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

### New Branch Office Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

New Phone: \_\_\_\_\_ New Fax: \_\_\_\_\_

### New Home Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Days and Hours at Branch Location: \_\_\_\_\_

Names and License Numbers of other  
Arkansas Licensees at this Location: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_