

**SUPPLEMENTAL INFORMATIONAL
AND
SIGNED STATEMENT OF
UNDERSTANDING**

Please print in ink or type your name and address where requested below:

Name (Last, First, Middle Initial)

Address (Street, City, State, Zip

Code)

1. Have you taken the National Board Examination? Yes No when: _____ score: _____
2. Have you contributed to the Optometry Literature? Yes No if so, please attach a bibliography.
3. Have you received any honors, awards or fellowships? Yes No if so, please list here _____

4. Have you received any special Optometry training, or do you have any special optometry skills. Yes No
If so, please indicate _____

I certify that I have read and fully understand the regulations and rules governing the practice of Optometry in the District of Columbia.

Signature

Return this form with your application to:

DC Board of Optometry: 2201 Shannon Place SE, 2nd Floor, Washington, DC 20020

Email: dcboop@dc.gov