

DIVISION OF PROFESSIONAL LICENSURE
MASSACHUSETTS BOARD OF REGISTRATION IN OPTOMETRY
1000 WASHINGTON STREET
BOSTON, MA 02118-6100
(617) 727-1945

NOTICE OF OFFICE LOCATION

In accordance with the provisions of 246 CMR 3.04, I hereby notify the Board of Registration in Optometry that I will conduct my practice of Optometry at the location specified in compliance with applicable law and all rules and regulations of the Board.

1. Name: _____
(Individual licensee registered by the Board)

2. License Number: _____ Gender: _____M _____F

3. Optometry College: _____ Year Graduated: _____

4. Year first licensed in Massachusetts: _____

5. (Service) name under which practice will be conducted:

6. Office Street Address: _____

Room, Suite, Floor, Building

City or Town: _____ Zip Code: _____

7. Telephone: (_____) _____ Fax: _____

The above telephone number must be listed in your name in the business listing of the telephone directory. It must appear on all prescription forms. It may not be shared or under the direction or control of any other person or entity not licensed to practice medicine or optometry.

8. List the name(s) and license number(s) of all optometrists licensed by the Board of Optometry who will practice at this office location. Indicate if the practice style is that of an associate, partner, employee or a group practice.

a. Name: _____ Lic. #: _____ Style: _____

b. Name: _____ Lic. #: _____ Style: _____

c. Name: _____ Lic. #: _____ Style: _____

9. I hereby affirm that all of the equipment necessary to practice optometry will be maintained in good operating conditions at all times at this office location in accordance with 246 CMR 3.05.

10. I hereby affirm that my certificate of registration has been recorded in the office of the clerk of the city or town where this office is located in accordance with Massachusetts General Law, Chapter 112, Section 70.

11. I hereby affirm that my optometric practice at this office location will be conducted under my name as shown on my certificate of registration and that the name will be visible to those entering the office in accordance with Massachusetts General Law, Chapter 112, Section 72. I affirm additionally that a copy of my wallet license is prominently and conspicuously displayed if this is a principal office or that my branch office certificate will be prominently and conspicuously displayed if this is to be a branch office.

12. I hereby affirm that the premises of this office are not leased or contracted for under any terms whereby any person not duly authorized to practice optometry, shares directly or indirectly, in any fees received in connection with the practice of optometry in accordance with Massachusetts General Law, Chapter 112, Section 73B.

13. I am licensed to practice optometry in the following additional states:

14. This office _____ is _____ is not in possession of liability or malpractice insurance.

15. I _____ am _____ am not certified for DPAs.

16. I _____ am _____ am not certified for TPAs.

17. I _____ have _____ have not fulfilled my CE requirements for the previous calendar year.

18. I maintain access to the Optometry Regulations, 246 CMR 1 – 3,

_____ in hard copy

_____ via the Internet.

19. Designation: _____ Principal _____ Branch

If this is a branch office, a check or money order payable to the Commonwealth of Massachusetts in the amount of \$42.00 must be included. Treatment of patients may begin at the branch office after the Notice of Office Location Form and payment have been submitted to the Board. You will be contacted by a Board Investigator to schedule an inspection. Based on a satisfactory inspection, the office will be issued a branch office certificate for posting.

If this is a principal office, you may begin practicing immediately. The office may be inspected subsequently.

20. Residential Street Address: _____

City: _____ State: _____ Zip Code: _____ - _____

SIGNED UNDER PAINS AND PENALTIES OF PERJURY THIS _____ DAY OF

_____, _____.
(Month) (Year)

(Signature)

FOR BOARD AFFILIATED USE ONLY. DO NOT WRITE BELOW THIS LINE

INVESTIGATOR: _____

INSPECTION DOCKET #: _____

INSPECTION DATE: _____

INSPECTION COMPLETED: _____ YES _____ NO

BRANCH CERTIFICATE #: _____

DATE ISSUED: _____