



**Dr. Fred Wallace**  
Executive Director

# ALABAMA BOARD OF OPTOMETRY

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## Application for Alabama Optometry Licensure

All applicants must pass the Alabama Standard Examination for Licensure administered annually in July.

### **APPLICATION REQUIREMENTS FOR NEW GRADUATES (Never licensed to practice optometry in any state):**

1. Print and complete the Application for Licensure (download from our website). Mail the notarized application and fee to the board office.
2. Instruct your schools and colleges to send official transcripts to the board office verifying that you have obtained the following. **These must be sent by mail or email directly from the school to the board office:**
  - A. Pre-Optometry (minimum of three years or the equivalent thereof).
  - B. Optometry Degree (four years of professional study and the transcript must list the entrance and graduation dates).
3. Have a background check performed. **Email the Executive Director at [fred.wallace@optometry.alabama.gov](mailto:fred.wallace@optometry.alabama.gov) for specific instructions.** Applicants for licensure are required to pay for their background check.
4. Instruct the National Board of Examiners in Optometry to send proof that you have passed NBEO Parts I, II, and III. You may sit for the Standard Examination for Licensure if you have not Passed NBEO Part III, but the board must have received proof that you have passed all parts of the examinations administered by the National Board of Examiners in Optometry before you can receive your license.
5. After passing the Standard Examination for Licensure, to obtain therapeutic licensure (allowing you to Rx medications), you must submit a completed application and protocol (furnished by the board) for the use of therapeutic agents.

### **APPLICATION REQUIREMENTS VIA RECIPROCITY (You're licensed to practice optometry in another state):**

1. Print and complete the Application for Licensure (download from our website). Mail the notarized application and fee to the board office.
2. Submit proof by affidavit (verification of licensure) from a board of optometry in any of the United States that you have successfully passed their licensing requirements, and that you hold a **current** license to practice optometry in that state.
3. Instruct your schools and colleges to send official transcripts to the board office verifying that you have obtained the following. **These must be sent by mail or email directly from the school to the board office:**
  - A. Pre-Optometry (minimum of three years or the equivalent thereof).
  - B. Optometry Degree (four years of professional study and the transcript must list the entrance and graduation dates).
4. Have a background check performed. **Email the Executive Director at [fred.wallace@optometry.alabama.gov](mailto:fred.wallace@optometry.alabama.gov) for specific instructions.** Applicants for licensure are required to pay for their background check.
5. After passing the Standard Examination for Licensure, to obtain therapeutic licensure (allowing you to Rx medications), you must submit a completed application and protocol (furnished by the board) for the use of therapeutics. Applicants licensed in any state prior to October 1, 1994, must take a board approved course in therapeutics of at least seventy-two (72) clock hours to be approved to use therapeutic agents.

Information for all applicants: **Keep for your records.**

1. Applicants desiring to be examined must file with the Executive Director a properly executed application together with an examination fee of **\$500.00 in the form of a check, cashier's check or money order** made payable to the Alabama Board of Optometry **at least 30 days prior to the examination date**. An incomplete application will not admit an applicant for examination. Mail your fully completed and notarized Application for Licensure pages 1 & 2, application fee, and a copy of your driver's license/ Photo ID to the board's postal address.
2. No application fee will be returned after the application has been accepted due to the withdrawal of the applicant or failure to take the examination, excepting that the board may, under special mitigating circumstances, apply said fee to a subsequent examination.
3. All examinations are to be written in the English language by the applicant. The Standard Examination shall be divided into one to seven sections. The sections may cover the examination areas of practical optics, theoretical optics, physiological optics, theoretical optometry, practical optometry, orthoptics, ocular anatomy, physiology, pharmacology, pathology, diagnosis and treatment of disease of the human eye and its adjacent structures, general anatomy, hygiene, and such knowledge as the board deems essential to the practice of optometry, to include testing of knowledge of the laws governing the practice of optometry and of the regulations of the board. Such Standard Examination shall not be out of keeping with the established teaching and recognized textbooks of accredited schools and colleges of optometry.
4. Each section shall be graded on a scale of 1 to 100 and the final score for an applicant shall be the average of the applicant's scores in the separate sections. Each applicant making an average score of 75 percent or higher shall be deemed to have passed the examination.
5. The mailing address, telephone number, and email address of the board is:  
  
Alabama Board of Optometry  
Dr. Fred Wallace, Executive Director  
1431 Second Avenue, North  
Bessemer, AL 35020  
  
Telephone: (205) 481-9993            Email: fred.wallace@optometry.alabama.gov
6. The date and place of the next examination is:  
  
July 19, 2025, 8:30 AM Registration, 9:00 AM Examination  
University of Alabama at Birmingham  
School of Optometry/The Medical Center  
1716 University Blvd.  
Birmingham, AL 35294
7. Notification of your examination results will be mailed not later than thirty (30) days after the examination.
8. When your application is complete, a copy of "The Law and Regulations of the Alabama Board of Optometry." will be mailed to you. This will be the only copy of the law you will receive at no charge. Additional copies are supplied at a cost of \$25.00 per copy.
9. When your application is complete, **new graduates may request a temporary (non-therapeutic) license** (applicants taking the examination under the reciprocity section of the Law, 34-22-21, and Regulation 630-X-9-.01, cannot be issued a temporary license).
10. **It is the responsibility of the applicant or licensee to notify the Executive Director of the board of any change of name or address.**
11. In the event you should be unsuccessful in passing the Standard Examination for Licensure in Alabama, you can review your examination. The request for review must be in the form of a letter mailed to the Executive Director and this review must be within thirty (30) days of the notification that you were unsuccessful in passing.

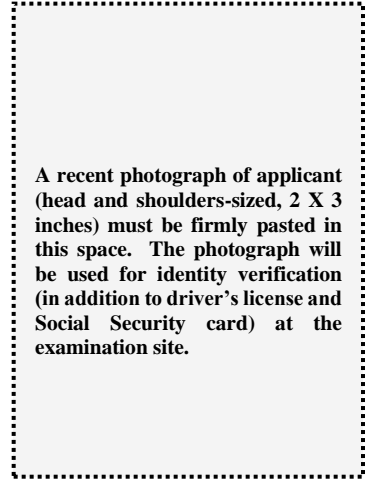
**Keep this page for your records**

**Application For Examination For Licensure-2025**  
**(TYPE OR PRINT LEGIBLY)**

**TO THE ALABAMA BOARD OF OPTOMETRY:**

I, \_\_\_\_\_  
(Print your full name)

hereby make application for examination for a license to practice Optometry in the State of Alabama as provided in Section 34-22-20, Code of Alabama 1975, and submit the following facts to the board for its consideration.



Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Undergraduate School(s): \_\_\_\_\_

Optometry School: \_\_\_\_\_ Grad. date: \_\_\_\_\_ OE Tracker #: \_\_\_\_\_

Have you ever been licensed to practice optometry? \_\_\_\_\_

If so, in what state were you originally licensed? \_\_\_\_\_ Year of original licensure? \_\_\_\_\_

In what other states have you been licensed? \_\_\_\_\_

Your present postal address:  
\_\_\_\_\_  
\_\_\_\_\_

The postal address to be used to notify you of your examination results (after August 1):  
\_\_\_\_\_  
\_\_\_\_\_

List the name, address, and phone number of two people who will always know how to contact you:  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_

**In addition to the photograph attached above, you must attach a photocopy of your Driver's License or Photo ID.**

**If you are a non-US citizen, attach proof of legal residency in the United States.**

