



KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

2365 HARRODSBURG ROAD, SUITE A240
LEXINGTON, KY 40504-3333
(859) 246-2744
http://optometry.ky.gov

Dear Doctor:

Please print your name as you wish it to appear on your certificate:

Your optometry school _____

Address where you want your certificate mailed: _____

If you have been practicing optometry:

Do you have a NPI Number: [] Yes [] No If yes, your NPI # _____

Do you have a DEA Number: [] Yes [] No If yes, your DEA # _____

If yes, by Kentucky Law you are required to register with Kentucky All Schedule Prescription Electronic Reporting (KASPER). Please forward a copy of KASPER Registration Confirmation to this office.

Your preferred mailing address: [] office [] home
(the designated mailing address becomes public information)

Office address: _____

County _____ Phone _____ Fax _____

Home address: _____

Phone _____ E-mail address _____

The following information is for statistical purposes only for state and federal agencies:
SEX: [] Male [] Female
RACE: [] White [] Black [] Hispanic [] Asian American
[] American Indian or Alaskan Native [] Other