**KANSAS BOARD OF EXAMINERS IN OPTOMETRY APPLICATION FOR USE OF A TRADE OR ASSUMED NAME**

(If additional space is needed, attach additional sheets)

Please type or print name, professional address of each applicant Applicant A.

Name:

Address

City State Zip Code

License No

Daytime Phone Number Applicant B

Name

Address

City State Zip Code

License No

Daytime Phone Number

PRACTICE LOCATION(S). Please list all anticipated practice locations where application is being made for approval to use the trade or assumed name:

Location(s)

TRADE OR ASSUMED NAME REQUESTED: Please list the trade or assumed name you are requesting and any alternates in order of preference:

1st Choice

2nd Choice

3rd Choice

Will you be registering name with Kansas Secretary of State? Yes  No

Name\* that will be submitted to Kansas Secretary of State:

Note: The certificate that is required by Kansas Secretary of State will be mailed with the approval letter.

\*65-1522. Professional corporations, Limited Liability Company, associations, sole practitioners; practice locations, franchise agreements. (a) A licensee may practice optometry under the name of a professional corporation, authorized by K.S.A. 17-2706 and amendments thereto or a limited liability company authorized by K.S.A. 2002 Supp. 17-7668 and amendments thereto. Such professional corporate name or limited liability company name may contain a trade name or assumed name approved by the board.

CERTIFICATION OF APPLICANT(S). By signing this application, each applicant certifies to the Kansas Board of Examiners in Optometry that each, individually:

(PLEASE CHECK ALL THAT APPLY)

Has made a reasonable search, including contact with Kansas Secretary of State, review of local telephone books and the approved trade name list (posted on the Board's website), and internet for the present and anticipated practice locations and is unaware of any persons or entity using the trade name or assumed name applied for or a name so similar to the one(s) applied for as to create a potential confusion; OR

 Has obtained permission to practice under an existing trade name as listed above; AND

He or she intends to actively engage in the practice of optometry under the trade name or assumed name applied for, if approved, within days of approval.

SIGNATURE OF APPLICANT(S). Each applicant listed in Section I must sign this application. Applications are approved at board meetings held in January, April, June, and October. There are no exceptions to this schedule.

Date Signature Applicant A

Date

Signature Applicant B

Send completed form to:

Kansas Board of Examiners in Optometry 3109 W 6th St, Suite B

Lawrence, KS 66049

Fax: 785-856-2323

Email: [kssbeo@ks.gov](mailto:kssbeo@ks.gov)