



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

New Jersey State Board of Optometrists

124 Halsey Street, 6th Floor, P.O. Box 45012

Newark, New Jersey 07101

(973) 504-6440

**Application for Branch Office Certificate**

Date \_\_\_\_\_

The fee for a branch office certificate is \$250.00 if you are applying during the first year of the biennial renewal period (applying between May 1st of every odd year through April 30th of every even year). If you are applying for a branch office certificate during the second year of the biennial renewal period (applying between May 1st of every even year through April 30th of every odd year), the branch office certificate fee will be \$125.00. The fee for a branch therapeutic pharmaceutical agents ("T.P.A.") certificate is \$25.00. The fees must be submitted in the form of a check or money order made out to the State of New Jersey.

**Please print clearly.**

New branch office \_\_\_\_\_

Employer's address \_\_\_\_\_  
Street address City State ZIP code

Employer's telephone number \_\_\_\_\_ (include area code)

Name \_\_\_\_\_  
Last name First name Middle initial

License number: **27OA** \_\_\_\_\_

T.P.A. Certification number: **27TO** \_\_\_\_\_

Oral T.P.A. Certification number: **27OM** \_\_\_\_\_

**Please Note**

Licensees only hold one T.P.A. certification number which is either a "TO" number or an "OM" number. When your oral medications certification number was issued, your previously assigned "TO" number was replaced by that "OM" number.

Main office address \_\_\_\_\_  
Street address City State ZIP code

Telephone number \_\_\_\_\_ (include area code)

Print name \_\_\_\_\_ Signature \_\_\_\_\_

*continue*

**Important: Read Carefully**

1. Answer all of the questions on the application. Mail your completed application and your payment to the New Jersey State Board of Optometrists, P.O. Box 45012, Newark, N.J. 07101.
2. Licenses are only renewed for a specific location. The Board must be notified at least five days in advance of any change of address and you must obtain a new certificate of registration. If you have more than one office, you must apply for a branch office certificate. Failure to conform to any of these requirements will subject you to disciplinary action.

This form must be completed and returned to the Board office for processing **before** your new location certificate is issued.

Optometrist's name \_\_\_\_\_

Branch office address \_\_\_\_\_  
Street address City State ZIP code

Telephone number \_\_\_\_\_ (include area code)

Indicate the name(s) and license number(s) of other optometrists practicing at this location:

Name \_\_\_\_\_ License number \_\_\_\_\_

Name \_\_\_\_\_ License number \_\_\_\_\_

Name \_\_\_\_\_ License number \_\_\_\_\_

Describe the physical aspects of this optometry office. Indicate its proximity to any other establishment, professional or retail:

**Equipment on Hand** (Please indicate in the appropriate column whether the equipment listed below is present in the new branch office.)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Ophthalmoscope   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Retinoscope  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Ophthalmometer   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Refractor, trial frame or phorometer with trial case, with auxiliary prisms and lenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Test objects for stereopsis and fusion   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Charts for distance and near visual acuity   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Pseudoisochromatic charts for color vision   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Tangent Screen or Perimeter  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Tonometer  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Slit lamp   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |