



## KANSAS OPTOMETRY SERVICE PROGRAM

### VERIFICATION OF OPTOMETRY PRACTICE

Establishment of an optometric practice in Kansas is required to comply with the agreement you entered into with the Kansas Board of Regents under the Kansas Optometry Service Program. We will continue to verify that you are practicing in Kansas on an annual basis until your contract agreement has been satisfied. (Please print or type)

Name: \_\_\_\_\_  
Last First Middle Maiden

Home Address: \_\_\_\_\_  
Street Address City / State / Zip

Email address: \_\_\_\_\_

Business Name of Practice: \_\_\_\_\_

Address of Practice: \_\_\_\_\_  
Street Address City / State / Zip

Telephone Numbers: Home - (\_\_\_\_\_) \_\_\_\_\_ Work - (\_\_\_\_\_) \_\_\_\_\_

Starting Date of Practice: \_\_\_\_\_  
Month Day Year

Relationship (mark all that apply):  Owner  Employee  
 Full-time  3/4-time  Half-time

\_\_\_\_\_  
Signature of Clinic or Office Administrator  
(NOT SCHOLARSHIP RECIPIENT)

\_\_\_\_\_  
Printed Name and Title

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

If your plans do not include returning to Kansas to practice, you will be required to repay your loan.

Please return this form:

- Upload completed document at [sfa.kansasregents.org](http://sfa.kansasregents.org) or
- email [loldhamburns@ksbor.org](mailto:loldhamburns@ksbor.org) or
- fax 785.430.4233 or
- mail to Kansas Board of Regents, Kansas Optometry Service Program, 1000 SW Jackson St Suite 520, Topeka, KS 66612-1368.