



WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231 • Charleston, WV 25301 • Phone: 304-558-5901 • Fax: 304-558-5908 • Email: info@wvbo.org

Overview of New Optometric Corporation/LLC/PLLC Application Process

Per the West Virginia Secretary of State's Office, the West Virginia Board of Optometry is required to approve the business name of all optometric corporations, limited liability corporation and professional limited liability corporations prior to the entity registering with the Secretary of State's Office. The steps of the process are the same for Domestic (within WV) and Foreign (outside WV) organizations registering with the terms "Optometry", "Optometrist", or "Optometric Physician" in the name or business or any corporation, limited liability corporation or professional limited liability corporation formed for the practice of Optometry in West Virginia.

The steps are as follows:

1. Business entity completes the WVBO Optometric Corporation/LLC/PLLC Registration Application with \$25.00 payment to the Board of Optometry, for review and name approval. Please include copy of the Business entity's Articles of Incorporation (for a corporation) or an Operating Agreement/LLC/PLLC Agreement for a professional limited liability corporation as well as EIN Tax Identification information from the Internal Revenue Service.
2. Once Business entity name is approved by the WVBO, Business entity completes WV Secretary of State online application with filing fee and submits signed WVBO Authorization letter/VOE form (Verification of Eligibility For Professional Business Organizations). WVSOS Online Application: <https://onestop.wv.gov/B4WVPublic/>
3. Once approved by WVSOS, send a completed copy of the online application/documentation to the WVBO.
4. Going forward, Business entity must provide WVBO with a copy of the annual report filed with the WVSOS.

Please note W. Va. Code §30-8-17 regarding Optometric business entities:

- (a) Only licensees may own a business entity that practices optometry.
- (b) A licensee may be employed by the business entity.
- (c) A business entity shall cease to engage in the practice of optometry when it is not wholly owned by licensees: Provided, That the personal representative of a deceased shareholder shall have a period, not to exceed eighteen months from the date of such shareholder's death, to dispose of such shares.

W. Va. Code §30-8-3(d) defines a "business entity" as "any firm, partnership, association, company, corporation, limited partnership, limited liability company or other entity owned by licensees that practices optometry."

Additionally, the WVBO adopted a Board Policy in July 2015 that allows for an Optometrist to be employed by an Ophthalmologist, as long as the Optometrist maintains the optometric standard of care and retains autonomy in all optometric decision-making regarding patient care.

For additional information and specific questions relating to your professional business, please contact Sarah Carey, Director of the Business Division, by phone (304) 558-8000 at the West Virginia Secretary of State's Office.



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Optometric Corporation/LLC/PLLC Registration Application

Every Optometric Corporation shall file with the Board at the time of formation, and on an annual basis on or before the first day of July of each year.

Please complete the following for certification and authorization to practice Optometry as an Optometric business entity or corporation in the State of West Virginia.

Please return this form with a copy of your Articles of Incorporation and proof of Business Entity's Federal Tax Identification information. "To practice Optometry" must appear in the Articles of Incorporation.

Name of Corporation: _____

FEIN/Tax Identification Number: _____

Corporate Street Address: _____

City, State, Zip Code, County: _____

Mailing Address: _____

Mailing Address City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

WV Optometry License Number: _____

Corporate Stockholders and Officers (All must be licensed optometrists)

Name of Stockholders

Signature of Stockholders

1. _____ **President**

2. _____ **Treasurer**

3. _____ **Secretary**

4. _____

5. _____

6. _____

Date of Submission: _____

Please send your \$25.00 Business Entity Verification Fee check or money order made out to the **West Virginia Board of Optometry** and mail to: 179 Summers Street, Suite 231, Charleston, WV 25301. If you prefer to pay online, please contact the Board office for the online pay link.

OFFICE USE ONLY:	Date Received:	Date Approved by Board:	VOE form Sent:
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