



BOARD OF OPTOMETRY

335 Randolph Avenue • Suite 210 • St. Paul MN 55102
Telephone (651) 201-2762 • Fax (651) 201-2763
[mn.gov/boards/optometry/
optometry.board@state.mn.us](http://mn.gov/boards/optometry/optometry.board@state.mn.us)

OFFICE MEMORANDUM

TO: Professional Firms Registration

FROM: Britt Heglund
Executive Director

SUBJECT: Initial Report of Professional Firm

You are receiving the form to register a Professional Firm with the Board of Optometry. In addition to returning the completed initial report form and required fee, you must provide the Board of Optometry a copy of the firm's organizational document, certificate of authority or statement of qualification approved by the Minnesota Secretary of State.

Contact the board office if you have any questions.



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PROFESSIONAL FIRM REGISTRATION INITIAL REPORT TO BOARD OF OPTOMETRY

Minnesota Statute 319B PROFESSIONAL FIRMS ACT

319B.11 Professional regulation.

Subd. 3. Filing of organizational document and report information. (a) No professional firm may furnish professional services within Minnesota until the firm files with each board having jurisdiction over the pertinent professional services:

- (1) a copy of the firm's organizational document, certificate of authority, or statement of foreign qualification;
 - (2) a report containing the same information as required by subdivision 4; and
 - (3) except as stated in paragraph (b), a fee of \$100.
- (b) If a firm has previously been organized under sections 319A.01 to 319A.22, that firm is not required to pay the filing fee under paragraph (a).

Subd. 4. Annual report. (a) Every professional firm must file annually on or before January 1 with the board or boards having jurisdiction over the pertinent professional services a report containing the following:

- (1) the name and address of the professional firm;
- (2) the contents of any amendment made to the firm's organizational document, certificate of authority, or statement of qualification since the filing of the most recent report under subdivision 3 or this subdivision;
- (3) a designation of the position or positions within the firm that have governance authority;
- (4) the name and address of each owner of an ownership interest and each person occupying a position with governance authority;
- (5) a statement as to whether all employees, agents, and independent contractors furnishing professional services within Minnesota on behalf of the professional firm are professionals authorized to furnish at least one category of the pertinent professional services;
- (6) except in the case of a professional firm that is organized under chapter 317A or the nonprofit corporation statute of another state, a statement as to whether all owners and persons occupying a position with governance authority are professionals authorized to furnish at least one category of the pertinent professional services;
- (7) in the case of a professional firm that is organized under chapter 317A or the nonprofit corporation statute of another state, a statement as to whether at least one person occupying a position with governance authority is a professional authorized to furnish at least one category of the pertinent professional services; and
- (8) any additional information as the board may by rule prescribe as appropriate to assist in determining whether a professional firm is complying with sections 319B.01 to 319B.12.

The statement required by clauses (5), (6), and (7) must be made and signed under oath by a professional who is an owner or employee of the professional firm, licensed in at least one category of the pertinent professional services and duly authorized to make the statement on behalf of the professional firm.

**This is the first report of your professional firm.
Filing fee of \$100.00 is due with this form.**

Professional Firm Name and Address (as filed with the Minnesota Secretary of State)

Name _____

Mailing Address _____

**LIST POSITIONS WITHIN THE FIRM WITH GOVERNANCE AUTHORITY
NAME AND ADDRESS OF PERSON OCCUPYING THOSE POSITIONS**

POSITION	NAME	ADDRESS

LIST NAME AND ADDRESS OF EACH OWNER OF AN OWNERSHIP INTEREST

NAME	ADDRESS

I declare, under oath, that all EMPLOYEES, AGENTS, AND INDEPENDENT CONTRACTORS furnishing professional services within Minnesota on behalf of the professional firm are professionals authorized to furnish at least one category of the pertinent professional services.

This statement must be made and signed under oath by a professional who is an owner or employee of the professional firm, licensed in at least one category of the pertinent professional services and duly authorized to make the statement on behalf of the professional firm.

Print Name

Signature

Date

Subscribed and sworn to before me

this ____ day of _____, ____.

Notary Public