

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please describe your current or most recent work experience (if unemployed)**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are/were you an owner or employee? \_\_\_\_\_

What is/was your involvement in providing medical eyecare services?

\_\_\_\_\_  
\_\_\_\_\_

**MOA OPPORTUNITY INTEREST:**

Are you applying with any other optometrist?  Yes  No

If yes, please provide their name(s) and phone number(s) \_\_\_\_\_

\_\_\_\_\_

**If you are an owner of an existing practice, please describe your mix of services & revenue generation between medical eye care vs refraction/optical.**

\_\_\_\_\_

**If you are applying to start a new location, please provide:**

Your desired territory or geography \_\_\_\_\_

Interest in single unit vs multiple units \_\_\_\_\_

**How did you hear about us?**

- TradeShow/Event  Internet  Media/Advertising  
 Referred by Franchisee / Practice Owner  Other \_\_\_\_\_

**YOUR FINANCIALS AND EXPERIENCE:**

My estimated net worth is \_\_\_\_\_ as of \_\_\_\_\_ (date)

My liquid assets are worth \_\_\_\_\_ as of \_\_\_\_\_ (date)

My personal/family income on my most recent tax return is  
\_\_\_\_\_ as of \_\_\_\_\_ (date)

**Do you have a current banking relationship that could serve as financing source?**

Yes  No If so, please provide the following:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**Which national, state, or local organizations do you belong to?**

\_\_\_\_\_

**Do you have any of the following sub-specialties?**

- Specialty Contact Lenses  Glaucoma  
 Myopia Control  Vision Therapy  
 Dry Eye Disease  Other \_\_\_\_\_

**Do you have any of the below certifications?**

- Laser Board Certification  Injection Certification  Board Certification

Please attach your Resume/CV with this application