APPLICATION INSTRUCTIONS FOR
OPHTHALMIC DISPENSERS

1. Applicant must be 18 years of age and have a high school diploma or GED.
2. Complete all questions on attached application.
3. Enclose a check or money order for $50.00 (non-refundable) made payable to the Kentucky State Treasurer.
4. Attach all required documentation.
5. Sign where indicated.

KRS.326.030 states ….”On and after January 1, 1955, no person shall engage in the practice of ophthalmic dispensing unless he is duly licensed to practice medicine, osteopathy or optometry in this commonwealth or unless he is the holder of a license as an ophthalmic dispenser….

Please refer to 326.040 and 201 KAR Chapter 13 for all requirements for licensure at
APPLICATION FOR OPHTHALMIC DISPENSER LICENSE

1. PERSONAL INFORMATION:

Name: __________________________________________________    Birthdate: _______________________
(Last)       (First)       (Middle)

Home Address: _____________________________________________________________________________

City: ___________________________  State: ___________   Zip Code: _______________

Home Phone: (       ) ______________________   Social Security Number: _________ - _____ - ___________

Email Address: __________________________________________

2. GENERAL INFORMATION:

A. Are you licensed as an Apprentice in the state of Kentucky?   □ Yes    □ No
    If yes, please provide the following:
    Sponsor’s name: __________________________
    Sponsor’s license number: __________________________

B. Have you ever held a Kentucky Ophthalmic Dispenser License?   □ Yes    □ No
    If yes, license # ________

C. Have you ever held or do you currently hold an ophthalmic dispenser license from any other state?   □ Yes    □ No
    If yes, please indicate state(s) and attach copies of license(s) ___________________ ___________________

D. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or any other state?   □ Yes    □ No
    If yes, please explain in full with attachment.

E. Is there currently a complaint pending against you in another state in which you hold a license?   □ Yes    □ No
    If yes, please explain in full with attachment.

F. Have you ever had your license to practice ophthalmic dispensing revoked, restricted or denied in any state or territorial or been placed on probation or entered into a voluntary surrender of your license?   □ Yes    □ No
    If yes, explain in full with attachment specifying state, date, charge, and circumstances.

G. Have you ever been involved in a court action, civil or criminal?   □ Yes    □ No
    If yes, please explain in full with attachment.
3. EDUCATION AND EXPERIENCE:

A. List below past employment.

1. Employer ___________________________ From _________ To ______________________
   Month and Year
   City __________________ State ___________ Zip ___________

2. Employer ___________________________ From _________ To ______________________
   Month and Year
   City __________________ State ___________ Zip ___________

3. Employer ___________________________ From _________ To ______________________
   Month and Year
   City __________________ State ___________ Zip ___________

B. What is the extent of your education? Grade School: [ ] High School: [ ] College: [ ]

C. Have you taken any academic work relating to ophthalmic dispensing? [ ] Yes [ ] No

   If yes, please list and attach verification __________________________

D. Are you a graduate of any school of ophthalmic dispensing approved by the Board? [ ] Yes [ ] No

   If yes, please attach copy of transcript and certificate ______________________

E. Have you successfully passed the ABO (American Board of Opticianry) National Competency Exam?

   If yes, please attach a copy of your certificate. If you have not yet received your certificate, you must attach a
   copy of the computer printout showing you successfully completed the examination.

F. Have you successfully passed the NCLE (National Contact Lens Examiners) Contact Lens Registry Exam?

   If yes, please attach a copy of your certificate. If you have not yet received your certificate, you must attach a
   copy of the computer printout showing you successfully completed the examination.

G. Check the type of operation you are associated with:

   Ophthalmic Dispenser _____  Optometrist’s Office _____  Jeweler and Optician ____________

   Ophthalmologist’s Office _____  Wholesale Distributor _____  Other ______________________

H. Will you be the owner, manager or employee of the company where you will be employed? ________ __

I. Have you completed a two (2) year apprenticeship? [ ] Yes [ ] No

J. Have you successfully passed the NCSORB (National Commission of State Opticianry Regulatory Boards) National
   Practical Examination? Note: Passing the NCSORB National Practical Examination is a requirement for licensure.

   If no, the Board will review this application for approval to sit for the National Practical Exam.
4. REQUIRED SUPPORTING MATERIAL:

A. Forward letter(s) of good standing from each state licensure board in which you hold or have ever held a license.

B. Apply for, sit and pass the Kentucky state practical examination.

TO BE COMPLETED FOR TEMPORARY PERMIT ONLY

A. Why are you applying for a temporary ophthalmic dispensing permit? ______________________________

B. Describe the duties for which you are employed? ______________________________

C. Is your position temporary or permanent? ______________________________

APPLICANT’S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation of falsification, my application could be rejected or my license revoked by the Board. Furthermore, I agree to abide by the standards of practice approved by the Board.

________________________________________________________
Applicant’s Signature

________________________________________________________
Date

________________________________________________________
Sponsor’s Signature (if applicable)

________________________________________________________
Date