

**THE KENTUCKY BOARD OF  
OPHTHALMIC DISPENSERS**

**P.O. Box 1360  
Frankfort, KY 40602  
Phone: (502) 564-3296**

For Office Use  
Only

Date Rec'd:  
\_\_\_\_\_

**APPLICATION FOR PRACTICAL EXAMINATION**

*(Please print or type):*

Name: \_\_\_\_\_ License # \_\_\_\_\_ Issue Date: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ License # \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

List any state in which you now or have ever held a license to practice ophthalmic dispensing? \_\_\_\_\_

Have you ever had your license to practice ophthalmic dispensing revoked, restricted or denied in any state or territory or been placed on probation or entered into a voluntary surrender of your license? [ ] Yes [ ] No

If yes, please specify state, date, charge and circumstances: \_\_\_\_\_

Is there currently a complaint pending against you in another state in which you hold a license? [ ] Yes [ ] No

**ATTENTION: YOU MUST HAVE COMPLETED THE ABO AND NCLE EXAMINATIONS AND YOUR TWO-YEAR APPRENTICESHIP TO BE ELIGIBLE TO TAKE THE PRACTICAL EXAMINATION. Your name on your license will appear exactly as you have printed it above. This application must be completed in its entirety. ABO AND NCLE CERTIFICATES MUST BE ATTACHED OR YOUR APPLICATION WILL NOT BE CONSIDERED BY THE BOARD. THERE ARE NO EXCEPTIONS!**

YES, I completed the (ABO) National Opticianry Competency Examination on \_\_\_\_\_ (date). **A copy of my certificate is attached.** My certificate number is \_\_\_\_\_. If you have not yet received your certificate, you must attach a copy of the computer printout showing you successfully completed the examination.

YES, I completed the (NCLE) Contact Lens Registry Examination on \_\_\_\_\_ (date). **A copy of my certificate is attached.** My certificate number is \_\_\_\_\_. If you have not yet received your certificate, you must attach a copy of the computer printout showing you successfully completed the examination.

YES, I have completed a two year apprenticeship or have attached a copy of my transcript for a two year approved Associate Degree in Optical Science.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_