Form Date: February 2016

For Office Use Only

Date Rec'd: _____

THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

P.O. Box 1360
Frankfort, KY 40602
(502) 564-3296, Ext. 228

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 place 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 it's 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: _____