

# THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

P.O. Box 1360  
Frankfort, KY 40602  
(502) 564-3296  
<http://bod.ky.gov>

## APPLICATION FOR APPRENTICE REINSTATEMENT

Your Apprentice Ophthalmic Dispenser license expired on March 1. In accordance with KRS Chapter 326:080 and 201 KAR Chapter 13 governing this profession, you are required to renew your license each year with the submission of a renewal form, a renewal fee, and show evidence of the completion of four (4) hours of continuing education.

The grace period ended March 1. To reinstate your apprentice license you must complete this form and submit it with the reinstatement fee of **\$60.00** in check or money order made payable to the **Kentucky State Treasurer** and include evidence of the required four (4) hours of continuing education and return to the above address. **Incomplete forms will be returned.**

### PLEASE COMPLETE THE FOLLOWING:

1. Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_
  
2. Present Business Name: \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_
  
3. E-Mail Address: \_\_\_\_\_
  
4. Have you taken the ABO exam?                      \_\_\_ Yes \_\_\_ No  
    **If yes:** Date: \_\_\_\_\_                      \_\_\_ Pass \_\_\_ Fail  
    **Please attach copy of certificate**
  
5. Have you taken the NCLE exam?                      \_\_\_ Yes \_\_\_ No  
    **If yes:** Date: \_\_\_\_\_                      \_\_\_ Pass \_\_\_ Fail  
    **Please attach copy of certificate**
  
6. Sponsor's Name: \_\_\_\_\_ Sponsor's License Number: \_\_\_\_\_
  
7. Sponsor's Business Address: \_\_\_\_\_
  
8. Sponsor's Business Phone: (    ) \_\_\_\_\_

201 KAR 13:055 Section 2. Each apprentice ophthalmic dispenser licensee shall be required to complete a minimum of four (4) continuing education hours in order to renew his license each year. Continuing education hours in excess of the number of required at the time of renewal of license shall not be applied to future requirements. (3)...A minimum of two (2) of the required four (4) continuing education hours for renewal of apprentice ophthalmic dispenser licensure shall be obtained through programs sponsored by entities listed in Section 4(1) of the administrative regulation. The remaining continuing education hours may be obtained through any of the sources listed in Section 4 of the administrative regulation.

**Documentation to support your continuing education hours is not to be submitted unless you are audited.**

Course Name and Number	Date(s) Mo/Day/Yr	Continuing Education Provider	Hours Earned
<b>TOTAL NUMBER OF CE HOURS OBTAINED</b>			<b>=</b>

- Requesting re-activation of license (currently on inactive status), continuing education is required.

**Please check if either of the following apply.**

- First year licensee. (No continuing education required if license was issued *AFTER* August 1.)
- Requesting termination – voluntary surrender of license. (No Fee or Continuing Education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Signature (*required*) \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that I do/will provide supervision as required by KRS 326.035(1) and defined by 201 KAR 13:050, Section 2(3) for the above licensed apprentice. I further agree to accept responsibility for his/her practice and activities in his/her capacity as an apprentice ophthalmic dispenser.

Signature (*required*) \_\_\_\_\_ Date: \_\_\_\_\_