

APPLICATION INSTRUCTIONS FOR APPRENTICESHIP

- 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 training schedule prepared by signing sponsor.**
- 4. Enclose a check or money order for \$50.00 (non-refundable) made payable to the Kentucky State Treasurer.**
- 5. Both applicant and sponsor sign where indicated.**

APPRENTICE LICENSE

For the encouragement and protection of those desiring to enter the vocation of ophthalmic dispensing as defined by KRS Chapter 326, the Kentucky Board of Ophthalmic Dispensers had provided an apprentice training program. The applicant must show good faith in his/her intention to learn the vocation of ophthalmic dispensing; that he/she intends to apply himself/herself to the subject, and at the earliest date after the expiration of two (2) years apprenticeship training, he/she intends to apply to the board for examination to be licensed as an ophthalmic dispenser. Since this program is designed to encourage apprenticeship training and the development of highly skilled and well-qualified ophthalmic dispensers, the Board will limit the number of apprentices to not more than two (2) apprentice to each active registered ophthalmic dispenser in each establishment.

Please refer to 326.035 and 201 KAR Chapter 13 for all requirements for licensure at <http://bod.ky.gov>.

THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS
PO BOX 1360
FRANKFORT, KY 40602
<http://bod.ky.gov>
502-782-8810

APPLICATION FOR APPRENTICE 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. Have you previously held an apprentice license in the state of Kentucky? Yes No

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

Ophthalmic Dispenser _____ Optometrist's Office _____ Jeweler and Optician _____
Ophthalmologist's Office _____ Wholesale Distributor _____ Other _____

B. Please provide the name and address of firm, partnership, corporation, or individual by which you will be employed.

(Company Name) (Street Address)

(City) (State) (Zip) (Phone)

C. Will you be the owner, manager or employee of the company where you will be employed? _____

D. What is your position with the firm? _____ Length of Employment: _____

E. List below past employment.

1. **Employer** _____ From **Month and Year** _____ To **Month and Year** _____
City _____ State _____ Zip _____

2. **Employer** _____ From _____ To _____
City _____ State _____ Zip _____

3. **Employer** _____ From _____ To _____
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)? Yes No

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)? Yes No

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.

4. SPONSOR INFORMATION

A. Please provide the name of licensed individual under whom you will receive your training.

Sponsor's Name: _____

B. Is your sponsor the owner , manager , or employee of the company where you are employed?

C. Will you be working under the direct supervision of a licensed ophthalmic dispenser, optometrist, or Ophthalmologist?

Yes No

If no, explain _____

5. 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 or 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

6. SPONSOR'S AFFIDAVIT

I, the sponsor of record for the above named applicant for apprenticeship, 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. Further, I accept full responsibility for training the above named in accordance with the requirements of KRS Chapter 326 and 201 KAR Chapter 13.

If, for any reason, the conditions of this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my Kentucky license is current, and will be maintained throughout this period.

Sponsor's Signature

License No

Date

Business Address: _____
(Company name) (Street Address)

(City) (State) (Zip) (Phone)

Are you currently sponsoring another apprentice? Yes _____ No _____

If yes, please list name. _____