

**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

<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 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 territory or been place 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.

	Month and Year	Month and Year
1. <b>Employer</b> _____	From _____	To _____
City _____	State _____	Zip _____
2. <b>Employer</b> _____	From _____	To _____
City _____	State _____	Zip _____
3. <b>Employer</b> _____	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.

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.**

Yes       No

**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 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

\_\_\_\_\_  
Sponsor's Signature (if applicable)

\_\_\_\_\_  
Date