

THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

**P.O. Box 1360
Frankfort, KY 40602
(502) 782-8810
<http://bod.ky.gov>**

APPLICATION FOR REINSTATEMENT

Your 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 you license each year with the submission of a renewal form, a renewal fee, and show evidence of the completion of six (6) hours of continuing education.

The grace period ended March 1. To reinstate your license you must complete this form and submit it with the reinstatement fee of **\$300.00 for active, with verification of six continuing education hours for the previous licensure term, or \$20.00 for inactive** in check or money order made payable to the **Kentucky State Treasurer** and return to the above address. **You will also be expected to complete twelve (12) additional continuing education hours over the next licensure year ending December 31. 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: _____
(If applicable)

- I am requesting to reinstate my license on an **active status**. The \$300.00 fee is attached.
- I am requesting to reinstate my license on an **inactive status** as I am not engaging in the practice of Ophthalmic Dispensing. The \$20.00 fee is attached.
- I am not sponsoring an apprentice at this time.
- I have agreed to sponsor and provide supervision to an apprentice(s) working on site with me. I have listed below the name(s) of the apprentice(s). *(This information will supersede any information currently on file.)*

Apprentice #1 _____ License Number _____

Apprentice #2 _____ License Number _____

201 KAR 13:055 Section 2. Each ophthalmic dispenser licensee shall be required to complete a minimum of six (6) 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.

List below all continuing education information requested. Documentation to support your continuing education hours is not to be submitted unless you are audited by the board.

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

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

Please provide the following information if continuing education information is not provided or incomplete.

- q First year licensee. (No continuing education required if license was issued *AFTER* August 1.)
- q Currently on Inactive Status. (Fee required, no continuing education hours required.)
- q Requesting Inactive Status. (Fee required, no continuing education hours required.)
- q Requesting termination. (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: _____