FILED: FEBRUARY 11, 2026

KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.8810 | Fax: (502) 564.4818 | Website: bod.ky.gov | Email: BOD@KY.GOV

APPLICATION FOR OPHTHALMIC DISPENSER LICENSE

APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address: Street	City:	State:	Zip Code:
Business Address: Street	City:	State:	Zip Code:
Telephone Number: ( )	Email Address:	Birthdate:	SSN:

GENERAL QUESTIONS

1. Are you licensed as an Apprentice in the state of Kentucky? If "Yes", please provide the following: Sponsor's name: _____ Sponsor's license number: _____	☐ YES	☐ NO
2. Have you ever held a Kentucky Ophthalmic Dispenser License? If "Yes", license number: _____	☐ YES	☐ NO
3. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or any other state? If "Yes", please explain in full with an attachment:	☐ YES	☐ NO
4. Is there currently a complaint pending against you in another state in which you hold a license? If yes, please explain in full with an attachment:	☐ YES	☐ NO
5. 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 a voluntary surrender of your license? If yes, explain in full with an attachment specifying state, date, charge, and circumstances:	☐ YES	☐ NO
6. Have you ever been involved in a court action, civil or criminal? If yes, please explain in full with an attachment:	☐ YES	☐ NO

EMPLOYMENT HISTORY

Begin with your most recent job and accurately list the details of each job you have held relating to your professional experience.

Employer:	From:	To:
City:	State:	Zip Code:
Employer:	From:	To:
City:	State:	Zip Code:
Employer:	From:	To:
City:	State:	Zip Code:

EDUCATION HISTORY

1. What is your highest level of education?	☐ High School	☐ College	☐ Grad School
2. Have You taken any academic work relating to ophthalmic dispensing? If "Yes", please list and attach verification: _____		☐ YES	☐ NO
3. Are you a graduate of any school of ophthalmic dispensing approved by the board? If "Yes", please list and attach verification: _____		☐ YES	☐ NO

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4. Have you completed the **Basic Exams** requirements? If "Yes", please select the qualifying exam and attach certificates: ☐ NCSORB (National Commission of State Opticianry Regulatory Boards) Date of Exam: _____ Certificate Number: _____ ☐ ABO Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____ ☐ NCLE Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____	☐ YES	☐ NO
5. Have you completed the **Practical Exams** requirements? ☐ NCSORB (National Commission of State Opticianry Regulatory Boards) Date of Exam: _____ Certificate Number: _____ ☐ ABO Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____ ☐ NCLE Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____	☐ YES	☐ NO
6. Check the type of operation you are associated with: ☐ Ophthalmic Dispenser ☐ Optometrist's Office ☐ Jeweler & Optician ☐ Ophthalmologist's Office ☐ Wholesale Distributor ☐ Other: _____		
7. Will you be the owner, manager, or employee of the company where you will be employed? _____		
8. Have you completed a two (2) year apprenticeship?	☐ YES	☐ NO

***REQUIRED SUPPORTING MATERIAL:** Letter(s) of good standing must be forwarded from each state licensure board in which you hold or have ever held a license.

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? _____

VERIFICATION

I, the applicant named 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 certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Required) :	Date:
Printed Name:	
Sponsor's Signature (if applicable) :	Date:
Printed Name:	