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 REINSTATEMENT AS AN OPHTHALMIC DISPENSER

For reinstatement due to license expiration for failure to renew. In accordance with KRS Chapter 326:080 and regulations 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 for renewal ends March 1. If your Ophthalmic Dispenser license expired on March 1, you may use this form for reinstatement. **To reinstate your expired ophthalmic dispensers license**, you must complete this form and submit it with the reinstatement fee of **$460.00** by check or money order made payable to the **Kentucky State Treasurer**, include proof of six (6) continuing education hours and return it to the above address. This amount includes the $125 renewal fee, $35 late fee, and $300 reinstatement fee.

For reinstatement from inactive status. In accordance with 201 KAR 13:040. Section 7. You may use this form to apply to the board to return to active status. **To reinstate your inactive ophthalmic dispensers license**, you must complete this form and submit it with a fee of **$40.00 by** check or money order made payable to the **Kentucky State Treasurer**, include evidence of six (6) continuing education hours and return it to the above address. **Incomplete forms will be returned.**

APPLICANT INFORMATION

☐ Requesting re-activation of Inactive license (Fee required, continuing education required)
☐ Requesting re-activation of Expired license (Fee required, continuing education required)

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

201 KAR 13:055 Section 2. Continuing education hours more than the number 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.

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Course Name & Number	Date(s) Mo/Day/Yr	Continuing Education Provider	Hours Earned

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TOTAL NUMBER OF CE HOURS OBTAINED:

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

- ❑ First year license issued after August 1. (No continuing education required if license was issued *AFTER* August 1.)
- ❑ Requesting re-activation of license (currently on inactive status with the provision that the licensee shall receive the appropriate number of continuing education hours within six (6) months of the date on which the licensee returns to active status. (Fee required, no continuing education hours required.)

Please provide the following information regarding sponsorship.

- ❑ I am not sponsoring an apprentice currently.
- ❑ 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).

Apprentice #1 _____ License Number _____

Apprentice #2 _____ License Number _____

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: