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 APPRENTICE

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 apprentice ophthalmic dispensers license**, you must complete this form and submit it with the reinstatement fee of **$195.00** by check or money order made payable to the **Kentucky State Treasurer**, include proof of four (4) continuing education hours and return it to the above address. This amount includes the $100 renewal fee, thirty-five ($35) late fee, and sixty ($60) 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 apprentice ophthalmic dispensers license**, you must complete this form and submit it with a fee of fifteen **($15.00)** by check or money order made payable to the **Kentucky State Treasurer**, include evidence of four (4) 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:	

1. 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
2. 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

Sponsor's Name :	License No:

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

Business Address:	Phone Number: ( )

201 KAR 13:055 Section 2. Each apprentice ophthalmic dispenser licensee shall be required to complete a minimum of four (4) continuing education hours to renew his license each year. Continuing education hours more than the number of required at the time of renewal of license may not be applied to future requirements. A minimum of two (2) of the required four (4) continuing education hours for renewal of apprentice ophthalmic dispenser licensure shall be obtained through programs sponsored by entities listed in Section 4(1) of the administrative regulation. The remaining continuing education hours may be obtained through any of the sources listed in Section 4 of the administrative regulation.

Documentation to support your continuing education hours is not to be submitted unless you are audited by the board.

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

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:

SPONSOR VERIFICATION. I hereby certify that I do/will provide supervision as required by KRS 326.035(1) and defined by 201 KAR 13:050, Section 2(3) for the above licensed apprentice. I further agree to accept responsibility for his/her practice and activities in his/her capacity as an apprentice ophthalmic dispenser.

Sponsor's Signature (if applicable) :	Date: