

The Kentucky Board of Ophthalmic Dispensing  
P.O. Box 1360  
Frankfort, KY 40602  
(502)782-8810 (phone) (502)564-4818 (fax)  
<http://bod.ky.gov>

**Sponsor Removal of Apprentice Form**

Pursuant to KRS 326.035 the Kentucky Board of Ophthalmic Dispensers has provided an apprentice training program. Since this program is designed to encourage apprenticeship training and the development of highly skilled and well-qualified ophthalmic dispensers, the Board will limit the number of apprentices to not more than two (2) apprentice to each active registered Ophthalmic Dispenser in each establishment.

\*\*If you are an apprentice trying to update your Sponsor information, please complete the "Apprentice Change of Sponsor" Form.\*\*

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**Must be completed in full - Incomplete forms will be returned.**

Name of Ophthalmic Dispenser Sponsor: \_\_\_\_\_

License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Current Business Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Apprentice to be removed from your license: \_\_\_\_\_

Apprentice License #: \_\_\_\_\_ Last Date of Sponsorship: \_\_\_\_\_

**I, the Ophthalmic Dispenser Sponsor 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.**

\_\_\_\_\_  
**Ophthalmic Dispenser Sponsor Signature**

\_\_\_\_\_  
**Date**