

## **APPLICATION INSTRUCTIONS FOR APPRENTICESHIP**

- 1. Applicant must be 18 years of age and have a high school diploma or GED.**
- 2. Complete all questions on attached application.**
- 3. Enclose training schedule prepared by signing sponsor.**
- 4. Enclose a check or money order for \$50.00 (non-refundable) made payable to the Kentucky State Treasurer.**
- 5. Both applicant and sponsor sign where indicated.**

### **APPRENTICE LICENSE**

**For the encouragement and protection of those desiring to enter the vocation of ophthalmic dispensing as defined by KRS Chapter 326, the Kentucky Board of Ophthalmic Dispensers had provided an apprentice training program. The applicant must show good faith in his/her intention to learn the vocation of ophthalmic dispensing; that he/she intends to apply himself/herself to the subject, and at the earliest date after the expiration of two (2) years apprenticeship training, he/she intends to apply to the board for examination to be licensed as an ophthalmic dispenser. 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.**

**Please refer to 326.035 and 201 KAR Chapter 13 for all requirements for licensure.**

**THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS**  
**PO BOX 1360**  
**FRANKFORT, KY 40602**  
<http://bod.ky.gov>  
**(502) 564-3296**

**APPLICATION FOR APPRENTICE LICENSE**

**1. PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. GENERAL INFORMATION:**

A. Have you previously held an apprentice in the state of Kentucky? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you hold or have you ever held a license as an ophthalmic dispenser from any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

C. If yes, please indicate state(s) and attach copies of license(s) \_\_\_\_\_

D. Have you ever held a Kentucky License? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, license # \_\_\_\_\_

E. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or any other state?  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, explain in full with attachment.**

F. Have you, at any time, forfeited your license by revocation or suspension? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, explain in full with attachment.**

G. Is there currently a complaint pending against you in another state in which you hold a license? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, explain in full with attachment.**

H. 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 into a voluntary surrender of your license? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, explain in full with attachment specifying state, date, charge, and circumstances.**

I. Have you ever been involved in a court action, civil or criminal? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, explain in full with attachment.**

**3. EDUCATION AND EXPERIENCE:**

A. List below past employment.

	Month and Year		Month and Year
1. Employer _____	From _____	To _____	
City _____	State _____	Zip _____	
2. Employer _____	From _____	To _____	
City _____	State _____	Zip _____	
3. Employer _____	From _____	To _____	
City _____	State _____	Zip _____	

B. What is the extent of your education? Grade School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

C. Have you taken any academic work relating to ophthalmic dispensing? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list \_\_\_\_\_

D. Are you a graduate of any school of ophthalmic dispensing approved by the Board? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list \_\_\_\_\_

E. Have you successfully passed the ABO (American Board of Opticianry) National Competency Exam?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please attach a copy of your certificate. If you have not yet received your certificate, you must attach a copy of the computer printout showing you successfully completed the examination.

F. Have you successfully passed the NCLE (National Contact Lens Examiners) Contact Lens Registry Exam?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please attach a copy of your certificate. If you have not yet received your certificate, you must attach a copy of the computer printout showing you successfully completed the examination.

G. Check the type of operation you are associated with:

Independent Optician _____	Optometrist's Office _____	National Retailer _____
Ophthalmologist's Office _____	Wholesale Distributor _____	Other _____

I. Please provide the name and address of firm, partnership, corporation, or individual by which you will be employed.

_____		_____	
(Company Name)		(Street Address)	
_____		_____	
(City)	(State)	(Zip)	(Phone)

**4. SPONSOR INFORMATION**

A. Give name of licensed individual under whom you will receive your training. \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

B. Is your sponsor the owner \_\_\_\_\_, manager \_\_\_\_\_, or employee \_\_\_\_\_ of the company where you are employed?

C. Will you be working under the direct supervision of a licensed ophthalmic dispenser, optometrist, or Ophthalmologist?

Yes \_\_\_\_\_ No \_\_\_\_\_. If no, explain \_\_\_\_\_

**5. APPLICANT'S AFFIDAVIT**

I, the applicant 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. I am aware that, should an investigation at any time disclose any such misrepresentation of falsification, my application could be rejected or my license revoked by the Board. Furthermore, I agree to abide by the standards of practice approved by the Board.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**6. SPONSOR'S AFFIDAVIT**

I, the sponsor of record for the above named applicant for apprenticeship, 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. Further, I accept full responsibility for training the above named in accordance with the requirements of KRS 326, 201 KAR Chapter 13.

If, for any reason, the conditions of this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my Kentucky license is current, and will be maintained throughout this period.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
License No

\_\_\_\_\_  
Date

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

(Company name)

(Street Address)

\_\_\_\_\_  
(City)

(State)

(Zip)

(Phone)

Are you currently sponsoring another apprentice? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name. \_\_\_\_\_