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State Capitol 700 Capital Avenue Frankfort KY 40601

**502-564-8100**

Capitol Fax 502-564-2922

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**MEMORANDUM**

TO: Sara Janes, Staff Attorney, Public Protection Cabinet for Board of Ophthalmic Dispensers

FROM: Ange Darnell, Regulations Compiler

RE: Proposed Amendments/New Regulations – 201 KAR 13:010, 201 KAR 13:040, 201 KAR 13:050, 201 KAR 13:055, 201 KAR 013:065, 201 KAR 13:071 & 201 KAR 13:075

DATE: February 12, 2026

A copy of each administrative regulation listed above is enclosed for your files. If these administrative regulations follow the standard KRS Chapter 13A timeline, they would be tentatively scheduled for a full review by the Administrative Regulation Review Subcommittee at its **MAY 2026** meeting.

Pursuant to KRS 13A.280, **if** comments are received during the public comment period, a Statement of Consideration or a one-month extension request for these regulations would be due **by noon on May 15, 2026**. Please reference KRS 13A.270 and 13A.280 for other requirements relating to the public hearing and public comment period and Statements of Consideration.

If you have questions, please contact us at RegsCompiler@LRC.ky.gov or (502) 564-8100.

Enclosures

FEB 12 2026

*Ange Darnell*

REGULATIONS COMPILER

1 GENERAL GOVERNMENT CABINET

2 BOARD OF OPHTHALMIC DISPENSERS

3 (Amendment)

4 201 KAR 13:040. Licensing.

5 RELATES TO: KRS 326.020, 326.035, 326.040, 326.080

6 STATUTORY AUTHORITY: KRS 326.020(3), 326.035, 326.040, 326.080

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 326.020(3) authorizes the board to  
8 promulgate administrative regulations to carry out the purposes and provisions of KRS Chapter  
9 326. KRS 326.040 establishes the requirements for the issuance of a license including experience  
10 and passage of an examination. KRS 326.080 requires the annual renewal of licensure. This  
11 administrative regulation prescribes the forms, required examinations, experience, renewal  
12 requirements, and provisions for inactive status required for licensees.

13 Section 1. Application for License. A person wishing to obtain a license to practice as an  
14 ophthalmic dispenser or apprentice shall make application to the Kentucky Board of Ophthalmic  
15 Dispensers on the Application for Ophthalmic Dispenser License, DPL-BOD-01 [~~or Apprentice~~]  
16 or Application for Apprentice Ophthalmic Dispenser License DPL-BOD-02.

17 Section 2. Required Examinations.

18 (1) Passage of the following examinations shall satisfy the requirement established in KRS  
19 326.040(4):

20 (a) Passage of both:

21 1. The American Board of Opticians (ABO) Basic Examination; and

- 1                   2. The National Contact Lens Examiners (NCLE) Basic Examination; and
- 2           (b) Passage of either:
- 3                   1. The National Commission of State Opticianry Regulatory Boards (NCSORB)
- 4           National Practical Examination; or
- 5                   2. Both the ABO Practical Examination and the NCLE Practical Examination.
- 6 (2)
- 7           (a) For an applicant who holds an apprentice ophthalmic dispenser license issued by the
- 8 board, the ABO Basic Examination and the NCLE Basic Examination shall be:
- 9                   1. Taken before the expiration of thirty (30) months from the date of the original
- 10 receipt of the apprentice license; and
- 11                   2. Passed within thirty-six (36) months of the date of the original receipt of the
- 12 apprentice license.
- 13           (b) An apprentice ophthalmic dispenser licensed by the board shall not take an approved
- 14 practical examination until all other licensure requirements have been completed.
- 15 (3) For an applicant who is applying for licensure based on credentials and experience, the
- 16 candidate shall have the following:
- 17           (a) An active license as a dispensing optician issued by any state or territory of the United
- 18 States or the District of Columbia that has standards at least as stringent as those required by KRS
- 19 326.040; or
- 20           (b) An active certification as a dispensing optician under the ABO and the NCLE, and at
- 21 least two (2) years of experience as a dispensing optician, as verified under oath by both the
- 22 applicant and by a sponsor with personal knowledge of the applicant's work history.

1           1. The verifying sponsor shall be licensed either as an ophthalmologist, an  
2           optometrist, or an optician.

3           2. An applicant for licensure based on credentials and experience under this  
4           paragraph shall have passed an approved practical examination before application.

5           Section 3. Experience. The following events are qualifying experience for an applicant for  
6           licensure as an ophthalmic dispenser apprentice:

7           (1) Attending a recognized school for ophthalmic dispensing; or

8           (2) Working in an optical laboratory as an ophthalmic technician.

9           Section 4. Licensure Renewal.

10          (1) Each license shall be renewed each year on or before December 31.

11          (2) Each licensee shall complete and submit one (1) of the following:

12           (a) Application for Renewal for a licensed ophthalmic dispenser;

13           (b) Application for Apprentice Renewal for a licensed apprentice ophthalmic dispenser; or

14           (c) The online version of each form maintained by the Department of Professional  
15          Licensing.

16          (3) For a renewal postmarked on or before December 31, or completed and submitted online before  
17          that date, the renewal fee shall be:

18           (a) One hundred twenty-five (125) dollars [~~Seventy five (75) dollars~~] for a licensed  
19          ophthalmic dispenser; or

20           (b) One hundred (100) dollars [~~Fifty (50) dollars~~] for an apprentice ophthalmic dispenser.

21          (4) For a renewal postmarked or submitted on the Department of Professional Licensing website  
22          after December 31, there shall be an additional a thirty-five (35) dollar late fee.

1 (5) A license that has not been renewed by close of business on March 1 shall expire. Applicants  
2 may request an extension of time to renew of up to sixty (60) days for reasons related to medical  
3 issues, military service, or family emergencies. The applicant shall submit the request for an  
4 extension of time in writing, and send the request to the board by certified mail on or before the  
5 March 1 expiration date.

6 (6) In order to qualify for reinstatement of a license that has expired by operation of subsection (4)  
7 of this section, either an Application for Reinstatement or an Application for Apprentice  
8 Reinstatement shall be submitted to the board. In addition, a reinstatement fee shall be submitted  
9 with the application. The reinstatement requirements shall be:

10 (a) For an ophthalmic dispenser:

11 1. Payment of the one hundred twenty-five (125) renewal fee [~~\$300 reinstatement~~  
12 ~~fee~~ and six (6) hours of continuing education. An additional six (6) [~~twelve (12) additional~~  
13 hours of continuing education shall [~~to~~] be completed before the end of the current  
14 licensure year if [~~for~~] reinstatement occurs more than twelve (12) months after license  
15 expiration; [~~as an active status or inactive status ophthalmic dispenser; or~~]

16 2. Payment of a thirty-five (35) dollar late fee; and

17 3. Payment of a three hundred (300) dollar reinstatement fee.

18 (b) For an apprentice ophthalmic dispenser:

19 1. Payment of the one hundred (100) dollar renewal fee and four (4) hours of  
20 continuing education to be completed before the end of the current licensure year. An  
21 additional four (4) hours of continuing education shall be completed before the end of the  
22 current licensure year if reinstatement occurs more than twelve (12) months after license  
23 expiration;

1                   2. Payment of a thirty-five (35) dollar late fee; and

2                   3. ~~[(b)]~~ Sixty (60) dollars for reinstatement, ~~[as an apprentice ophthalmic~~  
3                   ~~dispenser.]~~

4                   4. The timeline established in Section 2.(2)(a) shall continue to run during the  
5                   inactive status.

6                   (7) A revoked and expired license shall be reinstated before the licensee may resume the practice  
7                   of ophthalmic dispensing.

8                   Section 5. Temporary Permit Application.

9                   (1) The board shall, if requested by the applicant, issue a temporary permit to a qualified  
10                  ophthalmic dispenser, who otherwise would qualify for a license, but is in the state on a temporary  
11                  basis or who has not yet had an opportunity to take an examination to procure a license and whose  
12                  immediate employment depends upon being licensed by the board.

13                  (2) The permit shall be valid only until the next regular examination date and in no case shall  
14                  exceed six (6) months following date of issuance.

15                  (3) The fee for a temporary permit shall be fifty (50) dollars, which amount shall accompany the  
16                  application.

17                  Section 6. Board Action, Notification.

18                  (1) The board shall act only upon those applications that are complete.

19                  (2) Each applicant shall pay the license application and renewal fees required by KRS 326.040 and  
20                  326.080 upon submission of the application.

21                  (3) Each applicant shall be notified of the action of the board; and, if favorable, when and where  
22                  the examination will be held.

1 (4) If the board considers denying or resolves to deny an application based solely on an applicant's  
2 prior conviction of a crime, the board shall follow the notification and procedure requirements in  
3 KRS 335B.030(2).

4 (5) The applicant shall participate in an interview with the application committee upon written  
5 request of the board. The application committee shall conduct the interview to determine if the  
6 conviction directly relates to the occupation for which the license is sought pursuant to the criteria  
7 established in KRS 335B.020(2)(a) through (b) and 335B.030(2)(b).

8 Section 7. Inactive Status.

9 (1) Upon application, the board shall grant inactive status to a qualified licensee. While on inactive  
10 status, the licensee shall not engage in the practice of ophthalmic dispensing.

11 (2) The fee for licensure on inactive status shall be thirty-five (35) dollars per year.

12 (3)

13 (a) Continuing education requirements shall be waived for a licensee on inactive status during the  
14 inactive period.

15 (b) If the inactive licensee applies to the board to return to active status, the licensee shall submit  
16 proof that he or she has completed six (6) hours of continuing education for ophthalmic dispenser  
17 licensees and four (4) hours of continuing education for apprentice ophthalmic dispenser licensees  
18 within the last twelve (12) month period immediately preceding the date on which the application  
19 is submitted.

20 (c) The licensee may request that he or she be allowed to return to active status immediately, with  
21 the provision that the licensee shall receive the appropriate number of continuing education hours  
22 within six (6) months of the date on which the licensee returns to active status.

1 (d) Additionally, the licensee shall be responsible for meeting the requirements established in 201  
2 KAR 13:055 in order to qualify for renewal of the license.

3 (4) To change from inactive status to active status, the ophthalmic dispenser licensee shall:

4 (a) Pay a reactivation fee of forty (40) dollars; and

5 (b) Complete six (6) additional hours of continuing education before the end of the current  
6 licensure year.

7 (5) To change from inactive status to active status, the apprentice ophthalmic dispenser licensee  
8 shall:

9 (a) Pay a reactivation fee of fifteen (15) dollars; and

10 (b) Complete four (4) additional hours of continuing education before the end of the current  
11 licensure year.

12 Section 8. Incorporation by Reference.

13 (1) The following material is incorporated by reference:

14 (a) "Application for Ophthalmic Dispenser [~~or Apprentice~~] License", DPL-BOD-01, December  
15 2025[July 2019];

16 (b) "Application for Apprentice Ophthalmic Dispenser License", DPL-BOD-02, December 2025;

17 (c) "Application for Renewal as an Ophthalmic Dispenser", DPL-BOD-03, December  
18 2025[February 2016];

19 (c) "Application for Renewal as an Apprentice Ophthalmic Dispenser [Renewal]", DPL-BOD-04,  
20 December 2025[February 2016];

21 (d) "Application for Reinstatement as an Ophthalmic Dispenser", DPL-BOD-05, December  
22 2025[February 2016]; and

1 (e) "Application for Reinstatement as an Apprentice Ophthalmic Dispenser [Reinstatement]",  
2 DPL-BOD-06, December 2025~~[February 2016]~~.  
3 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the  
4 Board of Ophthalmic Dispensers, 500 Mero Street ~~[911 Leawood Drive]~~, Frankfort, Kentucky  
5 40601, Monday through Friday, 8 a.m. to 4:30 p.m. and is available on the board's website at  
6 bod.ky.gov.

201 KAR 13:040

APPROVED BY AGENCY:



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Curt Duff  
Chair, Board of Ophthalmic Dispensers

Date: February 11, 2026

## PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on Tuesday, April 21, 2026, at 2:00 PM, Eastern Time, at the Mayo-Underwood Building, Room 127CW, 500 Mero Street, Frankfort, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by five (5) workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through April 30, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person by using the PPC public comment portal at the address listed below.

### CONTACT PERSON:

Name: Sara Boswell Janes

Title: Staff Attorney III

Agency: Department of Professional Licensing, Office of Legal Services

Address: 500 Mero Street, 2 NC WK#2

Phone Number: (502) 782-2709 (office)

Fax: (502) 564-4818

Email: Sara.Janes@ky.gov

Link to PPC public comment portal: [https://ppc.ky.gov/reg\\_comment.aspx](https://ppc.ky.gov/reg_comment.aspx)

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation No. 201 KAR 13:040  
Contact Person: Sara Boswell Janes  
Phone Number: (502) 782-5245 (office)  
Email: sara.janes@ky.gov

Subject Headings: Ophthalmic Dispensing, Licensing, Fees

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the requirements for licensure as an ophthalmic dispenser or an apprentice ophthalmic dispenser, including the establishment of fees.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to advise the public, licensees, and applicants of the requirements for licensure, including fees to be paid, experience required, and examinations. Additionally, it addresses inactive license and temporary permit status.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 326.020(3) gives the board the authority to promulgate regulations regarding the requirements for licensure.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes the requirements for application including forms to be completed, fees to be paid, and required experience, education, and examinations. The administrative regulation also establishes other license statuses.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendment will increase the renewal fee as authorized by the 2024 General Assembly pursuant to 2024 House Bill 17. The amendment also clarifies the required fees for reinstatement of an expired or inactive license and further clarifies the timeline for an inactive apprentice ophthalmic dispenser continues to run. Finally, the amendment updates the materials incorporated by reference, including the addition of form numbers.

(b) The necessity of the amendment to this administrative regulation: The amendment is necessary to increase fees because the costs for administrative and legal services have led the Board to operate with an annual budget which leaves no room for services that may be needed, including investigative services which not currently available. Further, the requirement of paying renewal and late fees in addition to the reinstatement fee was not clear and needed to be inclusive for transparency. Finally, the forms needed revision to assist with the effective administration of licensure.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment to this administrative regulation is in conformity with the authorizing statute that gives the board the ability to promulgate regulations related to fees as are necessary to operate in such a way to protect the public it is charged to serve.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will provide the Board with additional revenue necessary to continue to operate

and fulfill its statutory duties and correct technical problems created by some of the material incorporated by reference.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? Yes. 2024 HB 17.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: There are approximately 527 licensed ophthalmic dispensers and 174 licensed apprentice ophthalmic dispensers who will be affected by this administrative regulation.

(5) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: The licensees will have an increased annual renewal fee.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): Upon renewal, one hundred twenty-five dollars (\$125) for a licensed ophthalmic dispenser and one hundred dollars (\$100) for an apprentice ophthalmic dispenser.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The board will have the funds to hire an investigator for enforcement of the statutes and regulations, and be able to pay for necessary administrative and legal services.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No new costs will be incurred by the changes.

(b) On a continuing basis: No new costs will be incurred by the changes.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment: The board's operations are funded by fees paid by credential holders and applicants.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: This amendment specifically relates to a renewal fee increase but the changes will not cause any additional services to be used which would require additional revenue to implement the regulation.

(9) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: The amendment to this administrative regulation increases fees.

(10) TIERING: Is tiering applied? (Explain why or why not): This regulation does not distinguish between similarly situated individuals on the basis of any factor.

## FISCAL IMPACT STATEMENT

Regulation No. 201 KAR 13:040  
Contact Person: Sara Boswell Janes  
Phone Number: (502) 782-2709 (office)  
Email: sara.janes@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 326.020, 326.035, 326.040, 326.080.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: KRS 326.020(3) gives the board the authority to promulgate regulations regarding the requirements for licensure. KRS 326.080(1) specifically authorizes the board to promulgate a fee for license renewal by administrative regulation.

(3) (a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Kentucky Board of Ophthalmic Dispensers is the promulgating agency and the only affected state unit, part, or division.

(b) Estimate the following for each affected state, unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year: None.

For subsequent years: None.

2. Revenues:

For the first year: This amendment should generate approximately an additional \$33,700 in revenue for Board operations and expenses.

For subsequent years: This amendment should generate approximately an additional \$33,700 in revenue for Board operations and expenses in subsequent years.

3. Cost Savings:

For the first year: None.

For subsequent years: None.

(4) (a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None anticipated.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: None

For subsequent years: None

2. Revenues:

For the first year: None

- For subsequent years: None
3. Cost Savings:  
For the first year: None  
For subsequent years: None

(5) (a) Identify additional regulated entities not listed in questions (3)(a) or (4)(a): There are no other regulated entities not otherwise listed.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:  
For the first year: None  
For subsequent years: None
2. Revenues:  
For the first year: None  
For subsequent years: None
3. Cost Savings:  
For the first year: None  
For subsequent years: None

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: The fee increase should generate approximately \$33,700 in additional funds as it constitutes a fifty dollar (\$50) increase annually on the renewal of approximately 527 Ophthalmic Dispenser licensees and a fifty dollar (\$50) increase on approximately 174 Apprentice licensees. The Board believes additional funds will be needed to meet obligations for ongoing board expenses and obligations.

(b) Methodology and resources used to determine the fiscal impact: The board made a request to its' fiscal administrator for a budget analysis to extrapolate the increase in board funding based on what it considered to be a modest increase of fifty dollars (\$50) in licensure renewal fees in an effort to fund the Board's administrative, operating and investigative expenses.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate). This administrative regulation will not have an overall negative or adverse major economic impact to the entities identified.

(b) The methodology and resources used to reach this conclusion: Methodology and resources was a review of the existing budget by the board's fiscal administrator as well as consideration of the amendment and whether staff time and costs will be increased.

SUMMARY OF MATERIALS INCORPORATED BY REFERENCE  
201 KAR 13:040

The following materials are incorporated by reference:

- (a) "Application for Ophthalmic Dispenser or Apprentice License", July 2019, consisting of two (2) pages, is the form to be used for the application for licensure;
- (b) "Application for Renewal", February 2016; consisting of two (2) pages, is the form to be used for ophthalmic dispenser renewal;
- (c) "Application for Apprentice Renewal", February 2016, consisting of two (2) pages, is the form to be used for apprentice renewal;
- (d) "Application for Reinstatement", February 2016, consisting of two (2) pages, is the form to be used for reinstatement of an ophthalmic dispenser; and
- (e) "Application for Apprentice Reinstatement", February 2016. consisting of two (2) pages, is the form to be used for reinstatement of an apprentice.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE  
201 KAR 13:040

The following are changes to the materials incorporated by reference:

- (a) "Application for Ophthalmic Dispenser License", DPL-BOD-01, December 2025, consisting of two (2) pages, is the form to be used for the application for ophthalmic dispenser license;
- (b) "Application for Apprentice Ophthalmic Dispenser License", DPL-BOD-02, December 2025, consisting of two (2) pages, is the form to be used for the application for an apprentice ophthalmic dispenser license;
- (c) "Application for Renewal as an Ophthalmic Dispenser", DPL-BOD-03, December 2025, consisting of two (2) pages, is the form to be used for the renewal of an ophthalmic dispenser license;
- (d) "Application for Renewal as an Apprentice", DPL-BOD-04, December 2025, consisting of two (2) pages, is the form to be used for the renewal of an apprentice ophthalmic dispenser license;
- (e) "Application for Reinstatement as an Ophthalmic Dispenser", DPL-BOD-05, December 2025, consisting of two (2) pages, is the form to be used for the reinstatement of an ophthalmic dispenser license ; and
- (f) "Application for Reinstatement as an Apprentice", DPL-BOD-06, December 2025, consisting of two (2) pages is the form to be used for the reinstatement of an apprentice ophthalmic dispenser license.



**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](http://bod.ky.gov) | Email: [BOD@KY.GOV](mailto: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: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever held a Kentucky Ophthalmic Dispenser License? If "Yes", license number: _____	<input type="checkbox"/> YES	<input type="checkbox"/> 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:	<input type="checkbox"/> YES	<input type="checkbox"/> 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:	<input type="checkbox"/> YES	<input type="checkbox"/> 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:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever been involved in a court action, civil or criminal? If yes, please explain in full with an attachment:	<input type="checkbox"/> YES	<input type="checkbox"/> 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.

<b>Employer:</b>	From:	To:
City:	State:	Zip Code:
<b>Employer:</b>	From:	To:
City:	State:	Zip Code:
<b>Employer:</b>	From:	To:
City:	State:	Zip Code:

**EDUCATION HISTORY**

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

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

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)

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**APPLICATION FOR APPRENTICE 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**

A. Have you previously held an apprentice license in the state of Kentucky?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Have you ever held a Kentucky Ophthalmic Dispenser License? If yes, License # _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Have you ever held or do you currently hold an ophthalmic dispenser license from any other state? If yes, please indicate state(s) and attach copies of any license(s) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or another state? If yes, please explain in full with attachment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Is there currently a complaint pending against you in another state in which you hold a license? If yes, please explain in full with attachment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. 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? If yes, explain in full with attachment specifying state, date, charge, and circumstances.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. Have you ever been involved in a court action, civil or criminal? If yes, please explain in full with attachment.	<input type="checkbox"/> YES	<input type="checkbox"/> 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.

<b>Employer:</b>	From:	To:
City:	State:	Zip Code:
<b>Employer:</b>	From:	To:
City:	State:	Zip Code:
<b>Employer:</b>	From:	To:
City:	State:	Zip Code:

**EDUCATION HISTORY**

1. What is your highest level of education?	<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="checkbox"/> Grad School
2. Have you taken any academic work relating to ophthalmic dispensing? If "Yes", please list and attach verification: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Are you a graduate of any school of ophthalmic dispensing approved by the board? If "Yes", please list and attach verification: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Have you completed the Basic exams requirements? If "Yes", please select the qualifying exam and attach certificates: <input type="checkbox"/> NCSORB (National Commission of State Opticianry Regulatory Boards)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

FILED: FEBRUARY 11, 2026



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Date of Exam: _____ Certificate Number: _____ <input type="checkbox"/> ABO Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____ <input type="checkbox"/> NCLE Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____		
5. Check the type of operation you are associated with: <input type="checkbox"/> Ophthalmic Dispenser <input type="checkbox"/> Optometrist's Office <input type="checkbox"/> Jeweler & Optician <input type="checkbox"/> Ophthalmologist's Office <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Other: _____		
6. Please provide the name and address of firm, partnership, corporation, or individual by which you will be employed.		
7. Will you be the owner, manager, or employee of the company where you will be employed? _____ What is your position with the firm? _____ Length of Employment: _____		

**SPONSOR INFORMATION**

**NOTE: AN OUTLINE OF THE TRAINING SCHEDULE AND AN OVERVIEW OF THE FACILITIES LOCATED AT THE ESTABLISHMENT SHALL BE PREPARED BY THE SPONSOR AND FILED WITH THE BOARD WITH THIS APPLICATION.**

1. Please provide the name of the licensed individual under whom you will receive your training. Sponsor's Name: _____	
2. Is your sponsor the Owner <input type="checkbox"/> Manager <input type="checkbox"/> Employee <input type="checkbox"/> of the company where you are employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Will you be working under the direct supervision of a licensed ophthalmic dispenser, optometrist, or Ophthalmologist? If "No", explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**APPLICANT'S CERTIFICATION**

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:
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Printed Name: \_\_\_\_\_

**SPONSOR'S CERTIFICATION**

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 Chapter 326 and 201 KAR Chapter 13. If, for any reason, the condition 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. **I further certify that the outline of the training schedule and an overview of the facilities located at the establishment where the apprentice will be trained has been prepared by me and is being filed with this application for apprenticeship.**

Sponsor's Signature (if applicable) :	Date:	License No:
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Business Address: \_\_\_\_\_

Are you currently sponsoring another apprentice? If "Yes", please list name(s): _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**KENTUCKY BOARD OF OPHTHALMIC DISPENSERS**

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**APPLICATION FOR RENEWAL AS AN OPHTHALMIC DISPENSER**

Your Ophthalmic Dispenser license expires annually on December 31. In accordance with KRS 326.080 and 201 KAR Chapter 13 governing this profession, you are required to renew your license each year with the submission of this form, a renewal fee of \$125.00 for an active license and \$35.00 for an inactive status, by check or money order made payable to the **Kentucky State Treasurer** and show evidence of the completion of six (6) hours of continuing education. **Incomplete forms will be returned.**

**Your renewal form must be received by this office (postmarked) on or before December 31.** If your renewal is received (postmarked) after December 31, you will be required to pay an additional \$35.00 late administrative processing fee. **There are no exceptions. Any license not renewed on or before the March 1 grace period will expire and practice as an Ophthalmic Dispenser must cease and desist until the license is reinstated.** Any form which must be returned due to incomplete or incorrect information will be subject to late administrative processing fees if not received in our office by the deadline stated above.

**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. Each ophthalmic dispenser licensee shall be required to complete a minimum of six (6) continuing education hours to renew his license on active status each year. Continuing education hours more than the number of required at the time of renewal of license shall not be applied to future requirements.

**First-year licensees — If your license was issued AFTER August 1, continuing education is not required for the first renewal. Any license issued between January 1 and July 31 ARE required to have continuing education hours.**

**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:**



### KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

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

- First year licensee. (No continuing education required if license was issued *AFTER* August 1.)
- Requesting termination. (No fee or continuing education required.)
- Requesting Inactive Status (Fee required and no continuing education required.)

Please provide the following information regarding sponsorship.

- I am not currently sponsoring an apprentice.
- 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 licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Applicant's Signature (Required) :	Date:
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**KENTUCKY BOARD OF OPHTHALMIC DISPENSERS**

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**APPLICATION FOR RENEWAL AS AN APPRENTICE**

Your Apprentice Ophthalmic Dispenser license expires annually on December 31. In accordance with KRS 326.080 and 201 KAR Chapter 13 governing this profession, you are required to renew your license each year with the submission of this form, a renewal fee of \$100.00 for an active license and \$35 for an inactive license, by check or money order made payable to the **Kentucky State Treasurer** and show evidence of the completion of four (4) hours of continuing education. **Incomplete forms will be returned.**

**Your renewal form must be received by this office (postmarked) on or before December 31.** If your renewal is received (postmarked) after December 31, you will be required to pay an additional \$35.00 late administrative processing fee. **There are no exceptions. Any license not renewed on or before the March 1 grace period will expire and practice as an Apprentice Ophthalmic Dispenser must cease and desist until the license is reinstated.** Any form, which must be returned due to incomplete or incorrect information, will be subject to late administrative processing fees if not received in our office by the deadline stated above.

**APPLICANT INFORMATION**

Requesting re-activation of Inactive 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:	

<p>1. Have you completed the <b>Basic Exams</b> requirements? If "Yes", please select the qualifying exam and attach certificates:</p> <p><input type="checkbox"/> NCSORB (National Commission of State Opticianry Regulatory Boards) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> ABO Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> NCLE Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2. Have you completed the <b>Kentucky Practical Exams</b> requirements?</p> <p><input type="checkbox"/> NCSORB (National Commission of State Opticianry Regulatory Boards) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> ABO Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> NCLE Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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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**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
<b>TOTAL NUMBER OF CE HOURS OBTAINED:</b>			

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 termination. (No fee or continuing education required.)
- Requesting Inactive Status (fee required and no continuing education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

**VERIFICATION**

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Applicant's Signature (Required) :	Date:
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I hereby certify that I do/will provide supervision as required by KRS 326.035(1) and as established in 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 (Required) :	Date:
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**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 your 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.**

**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



### KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

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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:
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## KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

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### 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 your 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:	

<p>1. Have you completed the <b>Basic Exams</b> requirements? If "Yes", please select the qualifying exam and attach certificates:</p> <p><input type="checkbox"/> NCSORB (National Commission of State Opticianry Regulatory Boards) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> ABO Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> NCLE Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2. Have you completed the <b>Practical Exams</b> requirements?</p> <p><input type="checkbox"/> NCSORB (National Commission of State Opticianry Regulatory Boards) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> ABO Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p> <p><input type="checkbox"/> NCLE Basic (American Board of Opticianry &amp; National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Sponsor's Name :	License No:
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**KENTUCKY BOARD OF OPHTHALMIC DISPENSERS**

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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
<b>TOTAL NUMBER OF CE HOURS OBTAINED:</b>			

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:
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# THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

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(502) 564-3296  
<http://bod.ky.gov>

## APPLICATION FOR RENEWAL

Your Ophthalmic Dispenser license expires annually on December 31. In accordance with KRS 326.080 and 201 KAR Chapter 13, you are required to renew your license each year with the submission of this form, a renewal fee of \$75.00 for an active license and \$35.00 for an inactive status, by check or money order made payable to the **Kentucky State Treasurer**, and show evidence of the completion of six (6) hours of continuing education. **Incomplete forms will be returned.**

Your renewal form must be received by this office (postmarked) on or before December 31. If your renewal is received (postmarked) after December 31, you are required to pay an additional \$50 late administrative processing fee. **There are no exceptions.** Any license received on or before March 1st will expire. Any form which must be returned due to incomplete or incorrect information is subject to late administrative processing fees if not received in our office by the deadline stated above.

### PLEASE COMPLETE THE FOLLOWING:

1. Name: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

2. Present Business Name: \_\_\_\_\_ Business Phone: (     ) \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_

- I am requesting to renew my license on an **active status**. The \$75.00 fee is attached.
- I am requesting to renew my license on an **inactive status** as I am not engaging in the practice of ophthalmic dispensing. The \$35.00 fee is attached.
- I am not sponsoring an apprentice at this time.
- 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 \_\_\_\_\_

201 KAR 13:055, Section 2. Each ophthalmic dispenser licensee shall be required to complete a minimum of six (6) continuing education hours in order to renew his license on active status each year.... Continuing education hours in excess of the number of required at the time of renewal of license shall not be applied to future requirements.

**First-year licensees — If your licenses was issued AFTER August 1, you do not require continuing education for first year renewal. Any license issued between January 1 and July 31 ARE required to have continuing education hours.**

List below all continuing education information requested.

Course Name and Number	Date(s) Mo/Day/Yr	Continuing Education Provider	Hours Earned
<b>TOTAL NUMBER OF CE HOURS OBTAINED</b>			<b>=</b>

Requesting re-activation of license to active status (currently inactive) continuing education is required.

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

- First-year licensee. License issued *after* August 1. (Fee required, no continuing education hours required.)
- Currently on Inactive Status. (Fee required, no continuing education hours required.)
- Requesting Inactive Status. (Fee required, no continuing education hours required.)
- Requesting termination. (No fee or continuing education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Signature (*required*) \_\_\_\_\_ Date: \_\_\_\_\_

# THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

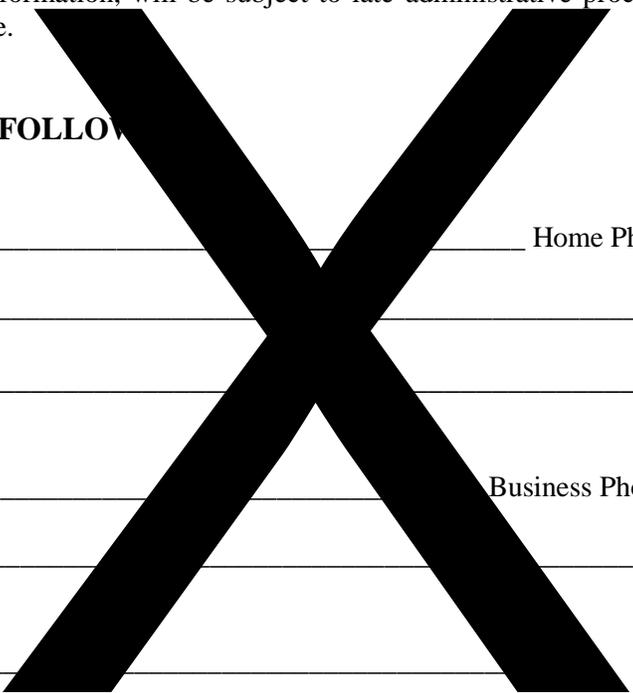
P.O. Box 1360  
Frankfort, Kentucky 40602  
(502) 564-3296  
<http://bod.ky.gov>

## APPLICATION FOR APPRENTICE RENEWAL

Your Apprentice Ophthalmic Dispenser license expires annually on December 31. In accordance with KRS 326.080 and 201 KAR Chapter 13 governing this profession, you are required to renew your license each year with the submission of this form, a renewal fee of \$50.00, by check or money order made payable to the **Kentucky State Treasurer**, and show evidence of the completion of four (4) hours of continuing education. **Incomplete forms will be returned.**

Your renewal form must be received by this office (postmarked) on or before December 31. If your renewal is received (postmarked) after December 31, you will be required to pay an additional \$35.00 late administrative processing fee. **There are no exceptions.** Any license not renewed on or before March 1 will expire. Any form, which must be returned due to incomplete or incorrect information, will be subject to late administrative processing fees if not received in our office by the deadline stated above.

### PLEASE COMPLETE THE FOLLOWING



1. Name: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

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

2. Present Business Name: \_\_\_\_\_ Business Phone: (     ) \_\_\_\_\_

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

3. E-Mail Address: \_\_\_\_\_

4. Have you taken the ABO exam?     \_\_\_ Yes     \_\_\_ No

**If yes:** Date: \_\_\_\_\_     \_\_\_ Pass     \_\_\_ Fail

**Please attach copy of certificate**

5. Have you taken the NCLE exam?     \_\_\_ Yes     \_\_\_ No

**If yes:** Date: \_\_\_\_\_     \_\_\_ Pass     \_\_\_ Fail

**Please attach copy of certificate**

6. Sponsor's Name: \_\_\_\_\_ Sponsor's License Number: \_\_\_\_\_

7. Sponsor's Business Address: \_\_\_\_\_  
\_\_\_\_\_

9. Sponsor's Business Phone: (     ) \_\_\_\_\_

201 KAR 13:055, Section 2.... Each apprentice ophthalmic dispenser licensee shall be required to complete a minimum of four (4) continuing education hours in order to renew his license each year.... Continuing education hours in excess of the number of required at the time of renewal of license may not be applied to future requirements.

List below all continuing education information requested.

Course Name and Number	Date(s) Mo/Day/Yr	Continuing Education Provider	Hours Earned
<b>TOTAL NUMBER OF HOURS OBTAINED</b>			<b>=</b>

Please provide the following information. Continuing education information is not provided or incomplete.

- First year licensee. No continuing education is required if license issued *after* August 1.  
 Date license issued \_\_\_\_\_.

Licenses issued from January 1 through July 31, do require continuing education.

- Requesting termination. (No fee or continuing education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

**APPRENTICE SIGNATURE (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby certify that I do/will provide supervision as required by KRS 326.035(1) and as established in 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 (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

# THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

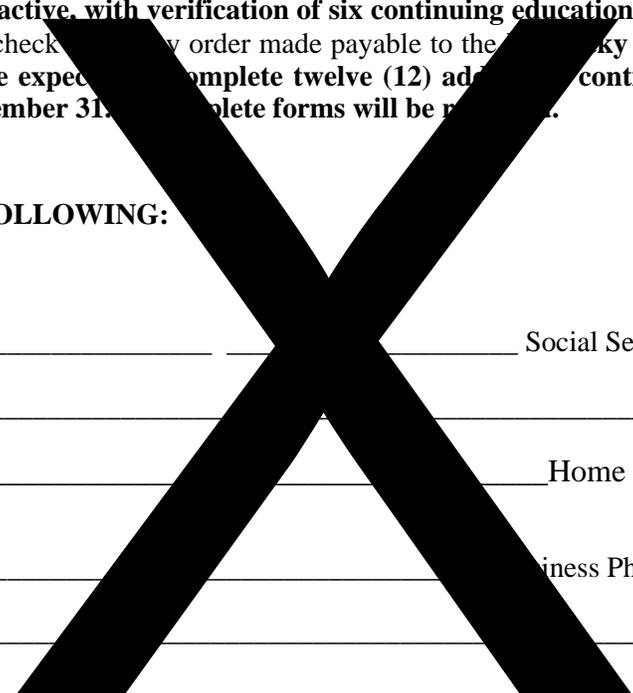
P.O. Box 1360  
Frankfort, KY 40602  
(502) 782-8810  
<http://bod.ky.gov>

## APPLICATION FOR REINSTATEMENT

Your Ophthalmic Dispenser license expired on March 1. In accordance with KRS Chapter 326:080 and 201 KAR Chapter 13 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 ended March 1. To reinstate your license you must complete this form and submit it with the reinstatement fee of **\$300.00 for active, with verification of six continuing education hours for the previous licensure term, or \$20.00 for inactive** in check or money order made payable to the **Kentucky State Treasurer** and return to the above address. **You will also be expected to complete twelve (12) additional continuing education hours over the next licensure year ending December 31.** **Incomplete forms will be returned.**

### PLEASE COMPLETE THE FOLLOWING:



1. Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 2. Present Business Name: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 3. E-Mail Address: \_\_\_\_\_  
 (If applicable)

- I am requesting to reinstate my license on an **active status**. The \$300.00 fee is attached.
- I am requesting to reinstate my license on an **inactive status** as I am not engaging in the practice of Ophthalmic Dispensing. The \$20.00 fee is attached.
- I am not sponsoring an apprentice at this time.
- 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). *(This information will supersede any information currently on file.)*

Apprentice #1 \_\_\_\_\_ License Number \_\_\_\_\_  
 Apprentice #2 \_\_\_\_\_ License Number \_\_\_\_\_

201 KAR 13:055 Section 2. Each ophthalmic dispenser licensee shall be required to complete a minimum of six (6) continuing education hours in order to renew his license each year.... Continuing education hours in excess of the number of 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.

Course Name and Number	Date(s) Mo/Day/Yr	Continuing Education Provider	Hours Earned
<b>TOTAL NUMBER OF CREDIT HOURS OBTAINED</b>			<b>=</b>

Requesting re-activation of license currently on inactive status. Continuing education is required.

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

- First year licensee. (No continuing education required if license was issued *AFTER* August 1.)
- Currently on Inactive Status. (Fee required, no continuing education hours required.)
- Requesting Inactive Status. (Fee required, no continuing education hours required.)
- Requesting termination. (No fee or continuing education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Signature (*required*) \_\_\_\_\_ Date: \_\_\_\_\_

# THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

P.O. Box 1360  
Frankfort, KY 40602  
(502) 782-8810  
<http://bod.ky.gov>

## APPLICATION FOR APPRENTICE REINSTATEMENT

Your Apprentice Ophthalmic Dispenser license expired on March 1. In accordance with KRS Chapter 326:080 and 201 KAR Chapter 13 governing this profession, you are required to renew your license each year with the submission of a renewal form, a renewal fee, and show evidence of the completion of four (4) hours of continuing education.

The grace period ended March 1. To reinstate your apprentice license you must complete this form and submit it with the reinstatement fee of **\$60.00** in check or money order made payable to the **Kentucky State Treasurer** and include evidence of the required four (4) hours of continuing education and return to the above address. **Incomplete forms will be returned.**

### PLEASE COMPLETE THE FOLLOWING:

1. Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

2. Present Business Name: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

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

\_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_

4. Have you taken the ABO exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Date: \_\_\_\_\_ \_\_\_\_\_ Pass \_\_\_\_\_ Fail

**Please attach copy of certificate**

5. Have you taken the NCLE exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Date: \_\_\_\_\_ \_\_\_\_\_ Pass \_\_\_\_\_ Fail

**Please attach copy of certificate**

6. Sponsor's Name: \_\_\_\_\_ Sponsor's License Number: \_\_\_\_\_

7. Sponsor's Business Address: \_\_\_\_\_

8. Sponsor's Business Phone: ( ) \_\_\_\_\_

201 KAR 13:055 Section 2. Each apprentice ophthalmic dispenser licensee shall be required to complete a minimum of four (4) continuing education hours in order to renew his license each year. Continuing education hours in excess of the number of required at the time of renewal of license shall not be applied to future requirements. (3)...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.**

Course Name and Number	Date(s) Mo/Day/Yr	Continuing Education Provider	Hours Earned
<b>TOTAL NUMBER OF CE HOURS OBTAINED</b>			<b>=</b>

Requesting re-activation of license (currently on inactive status), continuing education is required.

**Please check if either of the following apply.**

First year licensee. (No continuing education required if license was issued *AFTER* August 1.)

Requesting termination – voluntary surrender of license. (No Fee or Continuing Education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Signature (*required*) \_\_\_\_\_ Date: \_\_\_\_\_

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.

Signature (*required*) \_\_\_\_\_ Date: \_\_\_\_\_