



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

DOP

FOR DIVISION USE ONLY

Dispensing Opticians Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Dispensing Optician License Renewal

July 1, 2023 – June 30, 2025

- Your license lapses after June 30, 2023. There is no grace period — it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before June 30, 2022)</i>	\$275.00
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after July 1, 2022)</i>	\$137.50

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>				Alaska Dispensing Optician License Number:	
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u>.</i>					
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City	State	Zip	
Contact Phone:				Date of Birth:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.					
Email Address:				Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.					
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.					

PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

Since the date your last Alaska license was issued or renewed:

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

Yes
 No

2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

Yes
 No

3. Have you experienced or been treated for any mental or emotional illness which may impair or interfere with your ability to practice?

Yes
 No

4. Have you been addicted to, or excessively or illegally used, alcohol or a controlled substance in a manner which impairs your ability to practice safely?

Yes
 No

5. Have you experienced a physical disability which may impair or interfere with your ability to practice?

Yes
 No

"Yes" Answers

If you answered "yes" to questions 3, 4, or 5, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a dispensing optician. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

Random Audit

The board will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

PART IV Notice for Supervisors of Dispensing Optician Apprentices

No more than two apprentices may be under the direct supervision of one licensed dispensing optician at the same time, in accordance with AS 08.71.160(b).

The supervisor of an apprentice shall notify the board in writing within 30 days after the apprenticeship under that supervisor terminates, in accordance with 12 AAC 30.110(d).

Select one of the following options:

- This section does not apply to me as I do not provide supervision to apprentice dispensing opticians.
- Yes, I provide supervision to apprentice dispensing opticians and certify that I understand and follow the requirements cited for Sec 08.71 .160(b) and 12 AAC 30.110(d).

Dispensing Optician
Apprentice Name:

Dispensing Optician
Apprentice License Number:

Dispensing Optician
Apprentice Name:

Dispensing Optician
Apprentice License Number:

PART V Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of 12 AAC 30.200-220.

Check one of these boxes if your renewal application is postmarked on or before June 30, 2023:

- Licenses initially issued on or before June 30, 2021.

I certify that I have successfully completed the required 10 hours of continuing education for each aspect of dispensing opticianry in which I am licensed during the concluding licensing period of July 1, 2021, through June 30, 2023, in accordance with 12 AAC 30.220.

- or -

- Licenses initially issued between July 1, 2021, and June 30, 2022.

I certify that I have successfully completed the required 5 hours of continuing education for each aspect of dispensing opticianry in which I am licensed during the concluding licensing period of July 1, 2021, through June 30, 2023.

- or -

- Licenses initially issued on or after July 1, 2022.

Licenses initially issued after July 1, 2022, are not required to provide evidence of continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

Late Renewal Applicants

Check one of these boxes if your renewal application is postmarked on or after July 1, 2023:

- I have checked the appropriate box above to certify the method in which I successfully meet the continuing education requirements.

- or -

- I certify that I have successfully completed some or all my hours of continuing education after June 30, 2023, but prior to submitting this renewal application. These hours were earned in accordance with 12 AAC 30.200-220. Under 12 AAC 02.965, I understand that the hours I earned after June 30, 2023, may not be used for the subsequent renewal period.



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Signature Page

Applicant Name:

PART VI Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:

Date Signed:



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.