Instructions for Apprentice Dispensing Optician License

Before starting an apprenticeship, the apprentice shall register by submitting a form provided by the department.

The following must be submitted to the division for approval in the apprentice program:

1. APPLICATION
   Completed notarized application.

2. FEES
   Payment of the required fees
   Nonrefundable application fee: $50.00
   Apprentice registration fee: $250.00

3. STATEMENT OF RESPONSIBILITY
   Notarized Statement of Responsibility form provided by the department, completed by the licensed instructor (supervisor) who must hold a current license in Alaska as a dispensing optician, optometrist, or physician (form #08-4754)

4. AUTHORIZATION FOR RELEASE OF RECORDS
   Completed Authorization for Release of Records (form #08-4002a).

OTHER INFORMATION
Please read the applicable statutes and regulations pertaining to apprenticeships:
— AS 08.71.160; AS 08.71.240; 12 AAC 30.110; and 12 AAC 30.900

- Applicants may not receive credit for apprenticeship until the application is received by the division and the application is processed.
- No hours earned in Alaska may be credited before registering as a dispensing optician apprentice. You may not practice in Alaska until licensed or registered.
- If you are not licensed in another state but worked as a dispensing optician or worked as an apprentice in another state, you must first register as an apprentice in Alaska.

No hours of apprentice training before registration will be counted toward the 1,800-hour requirement in AS 08.71.110. (a)(2)(A). Documentation of any hours of apprentice training or employment as a dispensing optician outside Alaska must be verified on a form provided by the department at the time of initial registration for review by the department.

“Regular Supervision” means that the licensed supervisor (1) is physically present at the same site as the person being supervised at least once each day while dispensing optician tasks are being performed by the supervisee; (2) frequently observes and reviews the supervisee’s performance of those tasks; (3) ensures that the supervisee performs all dispensing opticians tasks correctly under the supervision of the supervisor; (4) is not away from the location where the supervision takes place for more than two hours each day. No more than two apprentices may be under the supervision of one licensed dispensing optician at the same time.

If the apprenticeship training is interrupted or discontinued, this office MUST be notified within 30 days to avoid a loss of training hours. The apprentice must submit a new Statement of Responsibility form to register under a new sponsor. Training hours under the new supervisor will not be accepted until the form and fees have been received by the department.

At the end of training or a change in supervisors, it is the apprentice’s responsibility to give the former sponsor a Verification of Apprentice Training form for their completion; no hours will be considered by the department until the department office receives this completed form. The department will review and notify the apprentice of approval in writing.
APPLICATION INFORMATION

DOP Information

LICENSE TERM
If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 60 days before license expiration to the last known address of record.

General Information

APPLICATION PROCESSING
The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct, and all supporting documents have been received and all fees have been paid the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

“YES” RESPONSES
A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION
Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE
In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES
If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

CONTINUED ON FOLLOWING PAGE
SOCIAL SECURITY NUMBERS
In accordance with AS 08.01.060, the department is not authorized to issue a license to a natural person, unless the applicant’s Social Security Number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions or obtain the Exception from SSN Requirement (Form #08-4372), from the division web site at www.commerce.alaska.gov/occ/.

PUBLIC INFORMATION
Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division’s website at ProfessionalLicense.Alaska.gov under License Search.

ABANDONED APPLICATIONS
Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES
The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information contact: (907) 465-2550 or BusinessLicense.Alaska.gov.

STATUTES AND REGULATIONS
The complete set of statutes and regulations for this program are available by written request or online at the division’s website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: RegulationsAndPublicComment@Alaska.Gov
Dispensing Opticians Program
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550
Email: DispensingOpticians@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Registration: Apprentice Dispensing Optician

If you are a currently registered as an apprentice dispensing optician in the state of Alaska and want to change your sponsor, use form #08-4754.

**PART I**  Payment of Fees

<table>
<thead>
<tr>
<th>Required Fees:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Nonrefundable Application Fee</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>□ Apprentice Registration Fee</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

**PART II**  Personal Information

Complete Name:

Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.

□ Not Applicable

□ Other Names Used: ____________________________________________________________

Mailing Address:

Birthdate: ____________

Gender: □ Male □ Female

Contact Phone:

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: ____________________________

□ Send my Correspondence by Email

□ Send my Correspondence by US Mail

SOCIAL SECURITY NUMBER: AS 08.01.060 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  Employment Information

Place of Employment:

Physical Address:

Supervisor’s Name:  License #:

License Type:  □ Optometry  □ Dispensing Optician  □ Physician

PART IV  Out-of-State Education

List any previous dispensing optician experience received outside the State of Alaska.

Only out-of-state training documented at time of initial registration will be considered towards registration for dispensing optician.

<table>
<thead>
<tr>
<th>Name of Optical Company or Training Program</th>
<th>Dates of Training</th>
<th>Hours Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

PART V  Work History

List any previous dispensing optician training received in Alaska as a registered apprentice.

Only training received while legally registered as an Alaska dispensing optician apprentice will be considered.

<table>
<thead>
<tr>
<th>Name of Optical Company</th>
<th>Dates of Training</th>
<th>Approved?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

08-4002  Rev 1/17/2020  Application Page 2 of 4
**PART VI  Personal Fitness Questions**

In responding to the questions in Parts VI below, please check the appropriate box next to each question.

A “Yes” response to a question does not automatically result in a denial of license application.

For each “Yes” response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. When in doubt about your response, disclose and provide the explanation requested. Include copies of court orders, charging documents, board or license actions, etc.

---

**When in doubt, disclose and explain.**

1. 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 ☐

2. 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 ☐

3. Are you now or have you been in the last five years diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or physical disability?  
   - Yes ☐  No ☐

4. Are you now or have you been in the last five years treated for, or addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs?  
   - Yes ☐  No ☐

---

CONTINUED ON FOLLOWING PAGE
Notary Signature Page

Applicant Name:

Notary 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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).
Authorization for Release of Records

Applicant Name: [Blank]

Agreement

I hereby authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a dispensing optician. This authorization expires one year from the date of my signature below.

<table>
<thead>
<tr>
<th>Name:</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Address:</td>
<td>Street or PO Box</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>
Dispensing Opticians Program  
State Office Building, 333 Willoughby Avenue, 9th Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Email: DispensingOpticians@Alaska.Gov  
Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

**Supervisor’s Statement of Responsibility**

This form must be completed and signed by the licensed physician, optometrist, or dispensing optician who will provide the training and supervision of the hours obtained in dispensing optician’s duties.

Return this form directly to the letterhead address. Do not return it to the applicant.

<table>
<thead>
<tr>
<th>Sponsor Type:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New Sponsor</td>
<td>no fee</td>
</tr>
<tr>
<td>☐ Change Sponsor  <em>(fee payment is the responsibility of the applicant)</em></td>
<td>$50.00</td>
</tr>
<tr>
<td><em>(Verification of Apprentice Training form also required)</em></td>
<td></td>
</tr>
<tr>
<td>☐ Alternate Sponsor</td>
<td>no fee</td>
</tr>
</tbody>
</table>

*If the apprentice already has a sponsor:*

- Name of primary sponsor: 
- License type and number:

---

**I will be serving in the capacity of supervisor and instructor for the below-named apprentice:**

<table>
<thead>
<tr>
<th>Type of training:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Spectacles</td>
<td>☐ Contacts</td>
</tr>
</tbody>
</table>

**I will be the:**

- ☐ Primary Sponsor  
- ☐ Alternate Sponsor

---

**Sponsor Name:**

**Sponsor Address:**

**Sponsor Phone:**

**Contact Email:**
## Supervisor’s Statement of Responsibility (continued)

<table>
<thead>
<tr>
<th>Sponsor's Alaska License Number:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AK License Expiration Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I possess a current, unrestricted license to practice as a:

- [ ] Dispensing optician with an endorsement to dispense:
  - [ ] Spectacles
  - [ ] Contacts
- [ ] Optometrist
- [ ] Physician

<table>
<thead>
<tr>
<th>Employer's Name:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I will provide regular supervision of this apprentice within the scope of practice authorized by my license and will work at the same facility for the same employer as the apprentice. I will provide an alternate supervisor who may provide supervision to this apprentice when I am unavailable. I acknowledge I can have no more than two apprentices registered under my supervision.

I acknowledge that I am responsible for the proper performance of any dispensing optician task that I delegate to the apprentice. I will notify the Dispensing Opticians Section within 30 days of the termination of my supervision. I understand that I will be asked to certify the apprentice’s training and competency at the end of my supervision. I certify under penalty of perjury that the above information is true and correct.

<table>
<thead>
<tr>
<th>Sponsor's Signature:</th>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Notary Stamp</td>
<td>Notary Public for State of:</td>
<td>Subscribed and Sworn to Before me on this Day:</td>
</tr>
<tr>
<td></td>
<td>Notary’s Signature:</td>
<td>My Commission Expires:</td>
</tr>
</tbody>
</table>

This form must be completed and signed by the licensed physician, optometrist, or dispensing optician who will provide the training and supervision of the hours obtained in dispensing optician’s duties.

Return this form directly to the letterhead address. Do not return it to the applicant.
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: ________________________________

Program Type: __________________________ 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 (name change, wall certificate, fine, duplicate license, exam, etc.):
  1. __________________________ _____________
  2. __________________________ _____________
  TOTAL: _____________

Name (as shown on credit card): ________________________________

Mailing Address: ________________________________

Phone Number: ______________ Email (optional): ________________________________

Signature of Credit Card Holder: ________________________________

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

---

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

1. Account Number: ________________________________

2. Expiration Date: ________________________________

3. Billing ZIP Code: ________________________________

4. Security Code: ________________________________

All four fields MUST be completed!

This section will be destroyed after the payment is processed.