DISPENSING OPTICIAN APPLICATION FOR LICENSURE

AS 08.71.080 states that it is unlawful for a person to act as a dispensing optician in the State of Alaska or to advertise or otherwise indicate to the public that he or she is qualified to practice as a dispensing optician without first obtaining a license through the procedures set forth in the Dispensing Opticians Act, AS 08.71.

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application. (If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division.)

When submitting fees, make check or money order payable to the State of Alaska.

All licenses expire June 30 of odd-numbered years regardless of when first issued, except permanent licenses issued within 90 days of the June 30 expiration date will be issued to the next biennium.

In this application packet you will find:

1. Instructions for application and forms
2. General information
3. Application for Dispensing Optician License (08-4151 pages 1 – 3)
4. Authorization for Release of Records form (08-4151a) Required with application for licensure
5. Verification of Apprentice Training form (08-4151 b and c) The accompanying Check Sheet Verification must be submitted with the Verification of Apprentice Training
6. Verification of Licensure form (08-4151d) This verification must be submitted for any new applicant, sent directly to the division from wherever you received your training
7. Verification of Work Experience form (08-4151e)
8. Application for Dispensing Optician License Upgrade/Change form (08-4151f) Use this form if you are a CURRENT licensed Dispensing Optician in the State of Alaska and are adding an endorsement

LICENSURE BY CREDENTIALS

If you do not have a valid license from another state, territory, district, or possession of the United States with licensing requirements substantially equivalent to or higher than those of this state, you are not eligible to apply for a license by credentials. Please see “License by Examination Procedures.”

1. Submit a complete, notarized application, on a form provided by the department, and the required application and license fees.
   Nonrefundable Application Fee: $50.00
   Biennial License Fee: $275.00

2. Verification of a current license to practice as a dispensing optician in good standing sent directly to this office by the state, territory, district or possession of the United States with licensing requirements substantially equivalent to or higher than those of the state of Alaska.

3. Verification of 1,800 hours as a practicing optician in spectacles and/or 1,800 hours as a practicing optician in contact lenses or a total of 3,600 hours as a practicing optician in both aspects, in good standing in a state, territory, district, or possession of the United States, submitted on a form provided by the department.

OR

08-4151 (Rev. 12/16/13) CONTINUED ON NEXT PAGE
Verification of completion of at least 1,800 hours of training in spectacles and/or 1,800 hours of training in contact lenses or a total of 3,600 hours of training in both aspects as an apprentice after registering with the department as an apprentice; * Graduation from an associate degree program in a recognized school or college of opticianry may be substituted for the experience required by AS 08.71.110(a)(2). If you choose this option in lieu of the experience requirement, you must submit an official transcript which must be sent directly from the recognized school or college to the State of Alaska.

4. All complete applications are reviewed by the department. If your file is incomplete or has been denied, you will be sent a letter of explanation.

**LICENSURE BY EXAMINATION PROCEDURES**

1. Submit a complete notarized application, on a form provided by the department, and the required application and license fees.
   - Nonrefundable Application Fee: $50.00
   - Biennial License Fee: $275.00

2. Verification of completion of at least 1,800 hours of training in spectacles and/or 1,800 hours of training in contact lenses or a total of 3,600 hours of training in both aspects as an apprentice after registering with the department as an apprentice; **OR**

   Verification of 1,800 hours as a practicing optician in spectacles and/or 1,800 hours as a practicing optician in contact lenses or a total of 3,600 hours as a practicing optician in both aspects, in good standing in a state, territory, district, or possession of the United States, submitted on a form provided by the department.

   * Graduation from an associate degree program in a recognized school or college of opticianry may be substituted for the experience required. If you choose this option in lieu of the experience requirement, you must submit an official transcript which must be sent directly from the recognized school or college to the State of Alaska.

3. Verification of passing the applicable examination under AS 08.71.090 within the last five years (and maintaining the certification for spectacles or contact lenses, or both, sent directly to the division from the American Board of Opticianry or the National Contact Lens Examiners.)

4. Verification of passing the Career Progression Program (CPP) sponsored by the National Academy of Opticianry (NAO) or another approved program that the department determines is equivalent for spectacles **and/or** the Contact Lens Society of America (CLSA), Contact Lens Manual: Volume 1, A Comprehensive Study and Reference Guide for contact lens.

5. If your application is incomplete or has been denied, you will be sent a letter of explanation.

6. If you wish to practice opticianry in Alaska while waiting for exam results, you must register as an apprentice, regardless of the number of years of work experience or training that you may have. You may obtain an application for apprentice by visiting the division’s website at www.commerce.alaska.gov/occ or you may call (907) 465-2695.

**DISPENSING OPTICIAN ENDORSEMENT ADDITION**

12 AAC 30.105 allows for a licensed dispensing optician to add a contact lens or spectacles endorsement to their current license upon meeting licensing requirements. This provision in the law allows for a dispensing optician that has a single endorsement to upgrade to dispense contact lenses AND spectacles, or to change endorsements. This form is to be used only by applicants that are presently licensed as a dispensing optician in Alaska. If you have not yet been licensed by the department, please use the “Application for Dispensing Optician License by Examination or by Credentials” (pages 1-3 of this application packet, also available on our website at www.commerce.alaska.gov/occ).

Please note the department cannot give a specific timeline for the upgrade endorsement to your license. The department processes applications in the order that they are received, so it is prudent to ensure that you have requested all of the information below and submitted a complete application and fees to expedite the process.
LICENSE ENDORSEMENT

1. Submit a complete, notarized application, on the form provided by the department (08-4151a and 08-4151f), and the required application fees.
   Nonrefundable application fee: $50.00

2. Verification of completing at least 1,800 hours of training in spectacles OR contact lenses, as appropriate for your upgrade endorsement, as a licensed apprentice in Alaska.
   OR
   Verification of 1,800 hours as a practicing optician in spectacles or contact lenses, as appropriate for your upgrade endorsement, in good standing in a state, territory, district, or possession of the United States, submitted on the form provided by the department (08-4151e).

3. Verification of passing the applicable examination under AS 08.71.090 within the last five years. For spectacles, the department requires your American Board of Opticianry (ABO) score or for contact lenses your National Contact Lens Examiners (NCLE) score.

AMERICAN BOARD OF OPTICIANRY (ABO) CERTIFICATION
If you have already passed the national exam(s), please request from ABO that the following information be provided to the State of Alaska. Please give the ABO the year in which you took the exam(s), specify spectacles and/or contact lenses and provide them with your social security number.

1. Name and social security number (if available)
2. Score or grade
3. Pass or Fail and cut-off score (if available)
4. Exam name and specialty area (spectacles/contact lenses)
5. Date or year taken
6. Currently certified by ABO
7. Signed and dated by authorized agent of ABO

The above information needs to be mailed directly from ABO to the following address:

State of Alaska
Division of Corporations, Business and Professional Licensing
Dispensing Opticians Section
PO Box 110806
Juneau, AK  99811-0806

Examination Information
To be scheduled for the next national opticianry competency examination offered by the American Board of Opticianry (ABO) or the contact lens registry examination offered by the National Contact Lens Examiners (NCLE), or to have exam scores sent to this office, please forward your request to the following address:

AMERICAN BOARD OF OPTICIANRY
6506 LOISDALE ROAD, SUITE 209
SPRINGFIELD, VA 22150
(703) 719-5800 OR 1-800-296-1379
SOCIAL SECURITY NUMBERS - It is mandatory for an applicant seeking licensure to provide the applicant’s Social Security Number on the applications. This is required by AS 08.01.060(b). The Social Security Number provided will be used for child support purposes. Applicants who do not have a Social Security Number must complete the request for Exception from Social Security Number Requirement form located on the division’s website: www.commerce.alaska.gov/occ.

PAYMENT OF CHILD SUPPORT AND STUDENT LOAN - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION - Please be aware that all information on the initial 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: www.commerce.alaska.gov/occ under Licensing Search.

STATUTES AND REGULATIONS - The complete set of Dispensing Optician Statutes and Regulations is available on the division’s website at: www.commerce.alaska.gov/occ. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

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

APPLICATION STATUS UPDATES - Our licensing examiner will send you a written status update upon the initial screening of the application. Applications are screened in order received, and typically will be reviewed shortly thereafter depending on examiner’s work load. Status updates will be mailed to the address on record. Staff may also use electronic mail if you supply an email address.

COMPLETION OF THE APPLICATION FORMS - Help us do a good job processing your application: type or print legibly all application documents. Please read the instructions and give careful thought before answering the questions in the application - remember - you are certifying that the information is truthful and correct. Make sure all notary seals are properly affixed on the application and all documentation has been properly certified as required. Provide all documents requested in the application; incomplete applications will delay processing.

Each question in the application must be answered. Attach separate sheets of paper, labeled with your name and signed by you, for any question for which you have provided a YES response.

Failure to answer all questions completely and accurately, or the omission or falsification of information may be cause for denial of your application or disciplinary action if you are subsequently licensed. WHEN IN DOUBT, DISCLOSE ALL INFORMATION OR CALL OUR OFFICE.

FAX DOCUMENTS - Fax copies of documents are NOT accepted for documentation or verification in our licensing process.

LICENSING PROCESS - Submit your complete application to the board with fees and pertinent documents. The licensing examiner assembles the documents for your file and advises the applicant of the application status.

Applications will be processed in the order in which they are received in the board’s office. Please insure that you apply well in advance of your need for the permit or license. Staff will not expedite one application before another. The process can take between two to six weeks.

NAME CHANGES - If you submit documentation with a different name other than your current name, you must submit a copy of the legal document (marriage certificate, divorce decree, etc.) supporting your name change.

SHORT TERM LICENSING - Alaska statutes & regulations do not allow for short-term or temporary permits. Anyone wishing to practice as a dispensing optician in Alaska will need to apply for full licensure.

STATE BUSINESS LICENSES - Dispensing Opticians who are employees do not need to obtain an Alaska state business license; dispensing opticians who are independent contractors must obtain a state business license. You may obtain a business license by contacting:

Division of Corporations, Business, and Professional Licensing
Business Licensing Section
Post Office Box 110806
Juneau AK 99811-0806
(907) 465-2550
www.commerce.alaska.gov/occ

Please – DO NOT accept a job in Alaska until you have a license in hand.

08-4151 (Rev. 12/16/13)
APPLICATION FOR DISPENSING OPTICIAN LICENSE
BY EXAMINATION OR BY CREDENTIALS

Applying for:  [ ] Spectacles  [ ] Contact Lenses  
Applying by:  [ ] By Credentials  [ ] By Examination  
Nonrefundable Application Fee: $50.00  
License Fee: $275.00

Fill out all sections. Write “N/A” if not applicable.

### Part I: PERSONAL IDENTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Full Legal Name (Last, First, Middle)</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>DOB: mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Names Used (nick names, maiden name)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Street Address or PO Box</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Telephone</td>
<td>Work:</td>
<td></td>
<td>Home:</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td>Would you prefer ☐ email or ☐ written communication?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Name of Place of Employment</td>
<td>Street Address or PO Box</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Address of Place of Employment</td>
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</table>

**APPLICANT:** As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure. (per AS 08.01.060)

| Social Security Number | |

### Part II: EDUCATION

<table>
<thead>
<tr>
<th>High School Name</th>
<th>School Name</th>
<th>City</th>
<th>State</th>
<th>Date Graduated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Education:</td>
<td>School Name</td>
<td>City</td>
<td>State</td>
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</table>
Part III: APPRENTICE AND/OR WORK HISTORY
List most current employer first, include employment for past three years, or 1,800 hours of training. Write “N/A” if not applicable.

<table>
<thead>
<tr>
<th>Name of Optical Company</th>
<th>Hours Earned</th>
<th>Exact Dates of Training</th>
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</table>

NOTE: 1,800 HOURS OF TRAINING AS AN APPRENTICE OR LICENSED OPTICIAN IN EACH ASPECT MUST BE VERIFIED BY EMPLOYER ON THE VERIFICATION OF APPRENTICE TRAINING OF WORK EXPERIENCE FORMS ATTACHED.

Part IV: EXAM INFORMATION
When applying by examination Alaska requires passage of the National Opticianry Competency Examination (NOCE or ABO) or an equivalent written exam.

ABO Certified: [ ] Yes [ ] No Date ________________ No. ________________ State ________________

NCLE Exam: [ ] Yes [ ] No Date ________________

Have you taken the CPP Exam? [ ] Yes [ ] No If yes, date completed: ________________

Have you completed the CLSA Contact Lens Manual: Volume 1? [ ] Yes [ ] No

Part V: LICENSE HISTORY
List all jurisdictions where you hold or have held a license. Write “N/A” if not applicable.

<table>
<thead>
<tr>
<th>State(s)/Province(s)</th>
<th>License Number</th>
<th>Year Granted</th>
<th>Expiration Date</th>
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</table>

Part VI: PERSONAL DATA
In responding to the questions in Parts IV 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 been treated for, or addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs? [ ] Yes [ ] No

08-4151 (Rev. 12/16/13) CONTINUED ON NEXT PAGE Application Page 2 of 3
Please be aware that all information supplied with this application will be available to the public, unless required to be kept confidential pursuant to state or federal law.

I HEREBY CERTIFY and declare that I am the person referred to in the foregoing application and that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice as a dispensing optician in the State of Alaska.

By my signature below, I certify that all information furnished in this application is true and correct. I 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.

SIGN HERE

Signature of Applicant

Date: ______________________________

SUBSCRIBED AND SWORN TO before me this ________ day of ________________________, 20_____

SEAL

Signature of Notary Public

for the State of ______________________________

My Commission Expires: ______________________________
AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, ____________________________________________________________________________ residing at ________________________________

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.

Signature: ___________________________  Date: ___________________________

Home Telephone: ___________________________  Work Telephone: ___________________________
VERIFICATION OF APPRENTICE TRAINING

THIS FORM MUST BE RETURNED TO THE DISPENSING OPTICIANS SECTION AT THE ABOVE ADDRESS WHEN THE APPRENTICESHIP WITH THE CURRENT SPONSOR IS TERMINATED OR COMPLETED.

This form must be completed and signed by the licensed physician, optometrist, or dispensing optician who provided the training and supervised the hours obtained in dispensing optician duties.

Name of Apprentice: ____________________________

Name of Business Where Training Was Received: ____________________________

Mailing Address: _______________________________________________________

Street Number or P.O. Box: ____________________________ City: ____________ State: ____________ ZIP Code: ____________

Telephone Number: ____________________________

Supervisor Name: ____________________________

License Type: ____________________________ State of Licensure: ____________________________ License Number: ____________________________

I certify that I regularly supervised and trained ____________________________ during a dispensing optician apprenticeship that began on ____________ and ended on ____________ which consisted of ______ total hours.

Type of Training: ☐ Spectacles only OR ☐ Contacts only

NOTE: If training was in both Spectacles AND Contact Lenses, a separate Verification of Apprentice Training form must be completed for each aspect.

I HEREBY CERTIFY that the above information and the attached check sheet verification are true and correct.

SIGN HERE ____________________________

Signature of Supervisor

Date: ____________________________

SUBSCRIBED AND SWORN TO before me this ________ day of ____________________________, 20________

Signature of Notary Public

SEAL ____________________________

for the State of ____________________________

My Commission Expires: ____________________________

08-4151b (Rev. 12/16/13)
Please identify any skills or operations that you have personally observed (12 AAC 30.120(a)(1)-(14):

12 AAC 30.120. APPRENTICE TRAINING. (a) Apprenticeship training under AS 08.71.110 relating to spectacles must include instruction in the following subject areas:

Initial each area the apprentice has been trained in:

1. _____ customer relations, including communication and interaction;
2. _____ knowledge and application of basic optical concepts and principles;
3. _____ knowledge and application of practical anatomy and physiology;
4. _____ knowledge and implications of common ophthalmic disorders;
5. _____ knowledge of frame and lens materials and application of materials based on the selection of ophthalmic products;
6. _____ applicable laws and regulations relating to the practice of dispensing opticianry in the state;
7. _____ customer instruction on the care and use of ophthalmic products, with emphasis on health and safety;
8. _____ interpretation of prescriptions;
9. _____ proper fitting of spectacles to the customer;
10. _____ selection of spectacles with consideration of the customer’s lifestyle, occupation, cosmetic needs, and the availability of ophthalmic products;
11. _____ knowledge and application of instruments and measurements necessary to fit or adjust spectacles to the customer;
12. _____ knowledge and use of optical equipment to verify specifications of optical goods, including a lensometer, calipers, lens clock, and other measuring devices;
13. _____ management skills necessary for record keeping, billing, and the ordering of optical goods and supplies;
14. _____ knowledge and use of aseptic techniques.

Please identify any skills or operations that you have personally observed (12 AAC 30.120(b) (1)-(14):

(b) Apprenticeship training under AS 08.71.110 relating to contact lens must include instruction in the following subject areas:

Initial each area the apprentice has been trained in:

1. _____ customer relations, including communication and interaction;
2. _____ knowledge and application of basic optical concepts and principles;
3. _____ knowledge and application of practical anatomy and physiology;
4. _____ knowledge and implications of common ophthalmic disorders;
5. _____ applicable laws and regulations relating to the practice of dispensing opticianry in the state;
6. _____ interpretation of prescriptions;

CONTINUED ON NEXT PAGE
7. _____ obtaining and documenting the customer’s relevant medical history through oral interview and records;
8. _____ assessment of the technical aspects of the customer’s ocular status for contact lens wear by using instruments or other methods to determine appropriate contact lens options;
9. _____ knowledge of instruments used to determine the customer’s contact lens options, including proper calibration of instruments, evaluation of instrument readings and application to the customer’s needs;
10. _____ selection of contact lens material and design based on previously gathered information to conduct diagnostic lens evaluation, if trial fitting is deemed beneficial;
11. _____ insertion of trial contact lens material and evaluation of subjective and objective findings to determine appropriate lens selection;
12. _____ determination of contact lens parameters using the results obtained from the diagnostic contact lens trial fitting and evaluation of the objective findings and the customer’s subjective responses to fitting so that the appropriate contact lens may be ordered;
13. _____ knowledge of instruments and recognized standards necessary to verify contact lens parameters by comparing contact lens ordered to assure accuracy;
14. _____ education of the customer on all aspects of contact lens wear including disinfection, storage, care, maintenance of contact lenses and supplies, and wearing schedules by providing verbal and written instructions and hands on practice with contact lenses to encourage compliance.
## VERIFICATION OF LICENSURE

**Instructions to the Applicant:** Please complete Part I below and forward a copy of this form to the jurisdiction where you hold a current license. The licensing requirements of this jurisdiction must meet the requirements of AS 08.71.145. Please type or print legibly.

### PART I

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle)</th>
<th>Maiden or Other Names Used</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Signature of Applicant</th>
<th>Date of Signature</th>
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**FOLLOWING TO BE COMPLETED BY THE LICENSING BOARD ONLY**

**Instructions to the licensing agency:** Please complete Part II below for the dispensing optician identified above and return this document directly to the Division, at the address listed above. Faxed or emailed forms will not be accepted.

### PART II

<table>
<thead>
<tr>
<th>LICENSING JURISDICTION</th>
<th>LICENSE NUMBER (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIGINAL ISSUE DATE</td>
<td>EXPIRATION DATE</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Spectacles</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1. Does your licensing jurisdiction require successful passage of the exam offered by the American Board of Opticianry, National Contact Lens Examiners, or both? □ YES □ NO

2. Has the applicant ever been subject of an adverse decision based upon a complaint, review procedure, or other disciplinary proceeding within the five years immediately preceding application, or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding undertaken by your jurisdiction? □ YES □ NO

3. Is any such investigation or action pending? □ YES □ NO

4. Has the applicant ever been the subject of an unresolved or an adverse decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding undertaken by your jurisdiction that relates to criminal or fraudulent activity, optometric or on the safety or well being of patients? □ YES □ NO

5. Is any such investigation or action pending? □ YES □ NO

6. To your knowledge, is there any derogatory information regarding this applicant? □ YES □ NO

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**Board Seal**

(If applicable)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
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</table>

Licensing Agency: ________________________________

08-4151d (Rev. 12/16/13)
Applicant is to complete the top section. It is to be mailed to your former employer(s) if you are attempting to obtain Alaska licensure of dispensing optician. Your employer(s) must verify 1,800 hours of work as a dispensing optician in good standing.

Applicant Signature: __________________________________________

Printed Name: __________________________________________ Former Name(s): __________________________________________

**PLEASE DO NOT DETACH.** The information below must be completed by a former employer and mailed directly by the employer to the State of Alaska, Dispensing Opticians at the address above.

Employee Name: __________________________________________

Employer Business Name: __________________________________________

Employer Mailing Address: __________________________________________

City ____________________ State __________ Zip Code ____________

Telephone Number: __________________________________________

Dates of Employment: From ____________ to ____________ Total Hours: ____________

I certify that the above-named individual legally worked/trained in the capacity of a dispensing optician for a total of _______ hours in the following scope of practice:

☐ Dispensing Spectacles only

☐ Dispensing Contacts only

**NOTE:** If work experience was in both Spectacles AND Contact Lenses, a separate Verification of Apprentice Training form must be completed for each aspect.

Name of licensed individual supervising employee: __________________________________________

License Type: ____________________ State of Licensure: ____________________ License No. ____________________

Other comments: __________________________________________

________________________________________

I hereby certify that the above employee worked for this employer as a competent, ethical dispensing optician and that the above information is true and correct to the best of my knowledge.

Signature: __________________________________________ Title: __________________________________________

Printed Name: __________________________________________ Date: __________________________________________

SIGN HERE

Signature of Supervisor

Date: __________________________________________

SUBSCRIBED AND SWORN TO before me this ______ day of __________________________, 20______

Signature of Notary Public

SEAL

for the State of __________________________

My Commission Expires: __________________________

08-4151e (Rev. 12/16/13)
# APPLICATION FOR DISPENSING OPTICIAN LICENSE ENDORSEMENT ADDITION/CHANGE

Nonrefundable Application Fee: $50.00

I currently have:  
- [ ] Spectacles Endorsement  
- [ ] Contact Lenses Endorsement

I am applying for:  
- [ ] Spectacles Endorsement  
- [ ] Contact Lenses Endorsement

Fill out all sections. Write "N/A" if not applicable.

## Part I: PERSONAL IDENTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Full Legal Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>DOB: mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Names Used (nick names, maiden name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Street Address or PO Box</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Work:</td>
<td>Home:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
<td></td>
<td>Would you prefer [ ] email or [ ] written communication?</td>
<td></td>
</tr>
</tbody>
</table>

**APPLICANT:** As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure. (per AS 08.01.060)

<table>
<thead>
<tr>
<th>Social Security Number</th>
</tr>
</thead>
</table>

## Part II: LICENSE/ENDORSEMENT INFORMATION

<table>
<thead>
<tr>
<th>Current Alaska Dispensing Optician License #:</th>
<th>Expiration Date: mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Endorsement:</td>
<td></td>
</tr>
<tr>
<td>[ ] Spectacles</td>
<td></td>
</tr>
<tr>
<td>[ ] Contact Lens</td>
<td></td>
</tr>
<tr>
<td>Current Alaska Dispensing Optician Apprentice License #:</td>
<td>Expiration Date: mm/dd/yy</td>
</tr>
<tr>
<td>Sponsor Name:</td>
<td></td>
</tr>
<tr>
<td>[ ] Dispensing Optician</td>
<td></td>
</tr>
<tr>
<td>[ ] Optometrist</td>
<td></td>
</tr>
<tr>
<td>[ ] Medical Doctor</td>
<td></td>
</tr>
</tbody>
</table>
Part IV: EXAM INFORMATION

ABO Certified:  [ ] Yes  [ ] No  Date __________________________  No. __________________________  State __________________________
NCLE Exam:  [ ] Yes  [ ] No  Date __________________________
Have you taken the OCPP Exam?  [ ] Yes  [ ] No  If yes, date completed: __________________________
Have you completed the CLSA Contact Lens Manual: Volume 1?  [ ] Yes  [ ] No

Part VI: PERSONAL DATA

In responding to the questions in Parts IV 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!

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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.</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>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?</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>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?</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>Are you now or have you been in the last five years been treated for, or addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs?</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please be aware that all information supplied with this application will be available to the public, unless required to be kept confidential pursuant to state or federal law.

Label your letter of explanation and supporting documents with the word “confidential.” Affirmative answers to these questions will be evaluated on a case-by-case basis and in compliance with Administrative Procedures Act.

I HEREBY CERTIFY and declare that I am the person referred to in the foregoing application and that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice as a dispensing optician in the State of Alaska.

WARNING: It is a class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

SIGN HERE

Signature of Applicant
Date: __________________________

SUBSCRIBED AND SWORN TO before me this _________ day of __________________________, 20____

SEAL

Signature of Notary Public
for the State of __________________________

08-4151f (Rev. 12/16/13)

My Commission Expires: __________________________