

For Division Use Only



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
DISPENSING OPTICIANS SECTION
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ

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

Type or Print Legibly

Form with fields: Full Legal Name (Last, First, Middle), DOB, Other Names Used, Sex, Mailing Address (Street, City, State, Zip), Telephone (Work, Home), E-Mail Address, and communication preference.

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 II: LICENSE/ENDORSEMENT INFORMATION

Form with fields: Current Alaska Dispensing Optician License #, Expiration Date, Current Endorsement (Spectacles, Contact Lens), Current Alaska Dispensing Optician Apprentice License #, Expiration Date, Sponsor Name, and Sponsor's License Type (Dispensing Optician, Optometrist, Medical Doctor).

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!

YES NO

- 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.
- 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?
- 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?
- 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?

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 _____

My Commission Expires: _____

GENERAL INFORMATION

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.



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
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PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

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!

| | |
|---|--|
| <p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p> | <p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p> |
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