



OHIO OPTICAL DISPENSERS BOARD

77 SOUTH HIGH ST. 16TH FLOOR

COLUMBUS, OH 43215-6108

(614) 466-9709 FAX (614) 995-5392

www.optical.ohio.gov

Email: odb@odb.ohio.gov

LICENSURE APPLICATION: OPTICIAN

Application Fee: \$50.00 MONEY ORDER/CERTIFIED CHECK ONLY

This Fee is Non-Refundable

Make MONEY ORDER or CERTIFIED CHECK payable to: Treasurer State of Ohio

And Mail To: **Optical Dispensers Board**
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Personal/Business Checks will be returned.

ALL LICENSES REGARDLESS OF SUBMISSION DATE EXPIRE DECEMBER 31ST OF EACH YEAR INCLUDING THOSE APPLICATIONS SUBMITTED IN DECEMBER

IMPORTANT INFORMATION FOR LICENSE APPLICANTS

- Ohio law requires you must apply for your Ohio License within three (3) years of successfully passing the appropriate licensure exam.
- Applicant must be at least 18 years of age.
- Applicant is free of contagious or infectious disease that may impair the ability to provide safe care.
- Applicant is a graduate of an accredited high school of any state; or , has attained an educational equivalent.
- “An Educational Equivalent” means the proof of having successfully passed the GED examination or a GED certificate of high school equivalency diploma.
- Applicant has attained **one** of the following:

Applicant must have earned a degree in optical dispensing from a Board-approved school of opticianry;

OR;

Two years of experience of at least 1000 hours per year in optical dispensing as a registered apprentice under the direct supervision of a Licensed Dispensing Optician, of which you may use one year of not less than 30 hours per week of optical laboratory experience;

OR;

Two years of supervised experience **and** employment under a physician licensed by the State Medical Board engaged in the practice of Ophthalmology; or two years of supervised experience **and** employment under a licensed Optometrist, of which you may use one year of not less than 30 hours per week of optical laboratory experience;

OR;

Completion of Tri-Service Optician School, Division of Naval Ophthalmic Support and Training.

Your application must be accompanied by the following items:

1. Application Fee of \$50, **certified check or money order only** made payable to “Treasurer, State of Ohio.”
 2. A recent **ORIGINAL** passport type photograph taken within last six months (NO XEROX NOR COMPUTER GENERATED) AND no larger than 2”X 2”.
 3. Copy of High School Diploma or G.E.D. certificate.
 4. Notarized certification by licensed dispensing optician(s) for two years of supervised experience. Name and dates must match your apprentice application forms on file at the Board’s office.
- OR
- Official transcripts showing date of graduation from a two year optical program approved by the Board.
- OR
- Form DD-214 indicating completion of the TOPS military program.

All applications submitted to the Board that remain incomplete for one year shall be voided.

All fees are non-refundable.

Information regarding finger printing/criminal records checks may be found on page 6.



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Application for (check one)

- Spectacle License (S)
 Contact Lens License (C)
 Combination License (S/C)

Staple original passport-size (2" x 2") PHOTO taken within last six months, facial width not less than three-fourths inch. Please print your name on back of photo. Xerox or computer generated photos will not be accepted.

ALL LICENSES REGARDLESS OF SUBMISSION DATE EXPIRE DECEMBER 31ST OF EACH YEAR

ARE YOU A MILITARY VETERAN: YES ___ NO ___

ARE YOU THE SPOUSE OF A MILITARY VETERAN: YES ___ NO ___

Social Security Number*	Home Phone () () ()	Work Phone () () ()	Work Fax () () ()
Name – Last	First	Middle	
Street Address			
City	State	Zip	County
Home E-Mail Address		Work E-Mail Address	
Employer's Name			
Employer's Address – Street			
City	State	Zip	County
Date of Birth		Place of Birth (City, State)	
**Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other immigration status (attached copy of documentation)		<input type="checkbox"/> Alien lawfully admitted for permanent residency in the United States (attach copy of front and back of alien registration card)	

Fingerprints submitted to BCII/FBI on _____
DATE

Exam Taken and Date of Exam: ABO Exam _____ AND/OR NCLE Exam _____
DATE DATE

PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR LICENSE AND WALL CERTIFICATE IN THE SPACE BELOW.

*Your social security number is required by state law (ORC3123.50) and federal law (42 U.S.C. Section 666) for purposes of child support enforcement. It may also be used for reporting adverse actions to the federal National Practitioner Data Bank (45 C.F.R. pt.60). **Federal Law [8 USC § 1621] PRWORA limits the issuance of professional licenses to United States citizens or qualified aliens.

EDUCATION (Must complete all sections.)

High School

Name and Location	Date Graduated
Mandatory Copy of High School Diploma or G.E.D. is attached _____. Yes. If you are unable to locate your diploma, a letter from your school giving your graduation date or transcripts from your school that gives graduation date will be accepted.	

College/School of Opticianry/Tri-Service Optician School

Name and Location	Degree	Dates Attended	
		From	To
Copy of DD214 OR Mandatory Original transcript is attached _____. Yes. If your transcript does not list a graduation date you will be required to submit an original transcript with your graduation date on it when you submit an application for licensure.			

Experience

IF YOU HOLD ANY PROFESSIONAL LICENSE ISSUED BY ANOTHER STATE, GIVE NAME OF STATE, LICENSE NUMBER, DATE OF ISSUE, AND TYPE.

AT THE PRESENT TIME, ARE YOU REGISTERED AS AN APPRENTICE? YES ___ NO ___ IF YES, GIVE

REGISTRATION NUMBER(S) _____

IF YOUR APPLICATION IS ON THE BASIS OF SUPERVISED EXPERIENCE: Please list in chronological order.

DATES (MO/DAY/YEAR)		Registered Apprentice YES NO	NAME, ADDRESS AND PHONE OF EMPLOYER	FULL TIME	PART TIME
START	END				

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE APPROPRIATE SPACE AT THE RIGHT.

YES NO

1. HAVE YOU EVER BEEN REFUSED A LICENSE OR HAD A LICENSE REVOKED OR SUSPENDED BY ANY STATE?		
2. HAVE YOU EVER BEEN NOTIFIED OF ANY CHARGES OR COMPLAINTS FILED AGAINST YOU WITH ANY BOARD, BUREAU, DEPARTMENT, AGENCY OR OTHER BODY WITH RESPECT TO A PROFESSIONAL LICENSE?		
3. HAVE YOU EVER BEEN CONVICTED, CRIMINALLY CHARGED, FOUND GUILTY OR ENTERED A GUILTY PLEA OF A VIOLATION OF FEDERAL LAW, STATE LAW, OR MUNICIPAL ORDINANCE OTHER THAN A MINOR TRAFFIC VIOLATION?		

If you checked “yes” to questions 1 or 2, please give complete details below including dates, county and state. Please attach a separate page if necessary. If you checked “yes” to question 3, you are required to provide the Board with a written explanation of the events including the date, county and state in which the events occurred (attach a separate sheet to this application), and a certified copy of the indictment(s) or criminal complaint(s), plea(s), journal entry(s) from the appropriate court. A copy of the court docket or case summary does not meet this requirement.

CERTIFICATION BY SUPERVISOR (THIS FORM MAY BE COPIED IF NEEDED)

1. The Licensed Optician who signs this certification by supervisor form must be the same licensed optician who signed your apprentice registration application.
2. The dates worked must correspond with the date on your apprentice registration.
3. You must submit a certification by supervisor signed by each licensed optician you were registered under during your apprenticeship.
4. If you are in the employment and under the supervision of an Ophthalmologist or Optometrists at his/her office, you must have the doctor complete this form for 24 months of supervised experience.
5. If your application is on the basis of completion of a two year college level program in Optical Dispensing at a Board approved school, you do not need to complete this form.

CERTIFICATION BY LICENSED OPTICIAN:

I, _____, of _____,
(Please Print Name) (Business Name)

_____ hereby certify that I am licensed as a(n) _____ in the State of _____.
(Phone #)
License Number _____.

The applicant _____ has been under my supervision the following dates and hours:
(Please Print Name)

FROM _____ TO _____ Average number of hours per week worked under my supervision _____.

CERTIFICATION BY OPHTHALMOLOGIST OR OPTOMETRIST:

I, _____, of _____,
(Please Print Name) (Business Name)

_____ hereby certify that I am licensed as a(n) _____ in the State of _____.
(Phone #)
License Number _____.

The applicant _____ has been in the employment and under my supervision the following dates and hours:
(Please Print Name)

FROM _____ TO _____ Average number of hours per week worked under my supervision _____.

While under my supervision the apprentice demonstrated competency in performing the following TASKS, PROCEDURES and other appropriate SKILLS associated with the practice of optical dispensing as shown below:

<u>1.</u>
<u>2.</u>
<u>3.</u>
<u>4.</u>
<u>5.</u>
<u>6.</u>
<u>7.</u>

SIGNATURE OF SUPERVISOR

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____ 20____.

NOTARY SEAL _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

STATE OF _____

COUNTY OF _____

AFFIDAVIT OF APPLICANT (Must be sworn to in the presence of a Notary Public).

I, **(PLEASE PRINT NAME)** _____, BEING DULY SWORN SAY THAT I AM THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE FOREGOING STATEMENTS ARE TRUE IN EVERY RESPECT, AND THAT THE ATTACHED PHOTOGRAPH IS A TRUE LIKENESS TAKEN WITHIN THE LAST SIX MONTHS.

I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM TRUTHFULLY AND COMPLETELY WITHOUT MENTAL RESERVATIONS OF ANY KIND.

I FULLY UNDERSTAND THAT FAILURE TO MAKE A FULL DISCLOSURE OF ANY FACT OR INFORMATION CALLED FOR MAY RESULT IN THE DENIAL OF MY APPLICATION.

I HEREBY AUTHORIZE ALL PERSONAL PHYSICIANS, EDUCATIONAL INSTITUTIONS, GOVERNMENTAL AGENCIES AND INSTRUMENTALITIES, EMPLOYERS AND BUSINESS AND PROFESSIONAL ASSOCIATES (PAST AND PRESENT) TO RELEASE TO THE OHIO OPTICAL DISPENSERS BOARD ANY INFORMATION, FILES OR RECORDS REQUESTED BY THE BOARD IN CONNECTION WITH PROCESSING OF THIS APPLICATION.

A PENALTY FOR SUBMITTING ANY FALSE STATEMENT ON THIS APPLICATION IS CAUSE FOR DENIAL OF LICENSURE AND A FINE OF NOT MORE THAN FIVE HUNDRED DOLLARS.

SIGNATURE OF APPLICANT

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____ 20_____.

NOTARY SEAL _____ NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

STATE OF _____

COUNTY OF _____

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CRIMINAL RECORDS CHECKS REQUIRED FOR INITIAL LICENSURE

Section 4725.501 of the Ohio Revised code requires all individuals applying for a license issued by the Ohio Optical Dispensers Board (Board) to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI).

Applicants residing in Ohio or within 50 miles of Ohio are required to utilize “Web Check” to electronically submit their fingerprints to BCII. The Board will typically receive the results of a criminal records check submitted via “Web Check” within 30 to 60 business days. In addition to the \$22 BCII fee and \$24 FBI fee, the electronic fingerprinting company may charge its own fee to process the fingerprints.

Since the law requires applicants for licensure to submit a records check completed by both BCII and FBI, you **must** use the services of a “Web Check” vendor that participates in the “National Web Check.” The Sheriff’s offices in all 88 Ohio counties participate in the “National Web Check.” A list of other “Web Check” vendors in Ohio, arranged by county, is available online at:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

When locating an electronic fingerprinting site on this web page, please note that you must use the services of a vendor that has (NWC) listed after the vendor’s name. Only these entities participate in “National Web Check.” The Board does not endorse or recommend any specific electronic fingerprinting company.

You need both the BCII and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from both the BCII and FBI.

Steps for “Web Check”

1. Identify a “Web Check” vendor that participates in the “National Web Check.”
2. Submit your fee directly to the “Web Check” vendor. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD.**
3. Request that the criminal records check results from both the BCII and FBI be sent directly to:
Ohio Optical Dispensers Board
77 South High St., 16th Floor
Columbus, Ohio 43215-6108
4. List the reason for fingerprinting as: “Required for licensure per ORC 4725.501.”
5. List the agency code as 1AB002
6. Write clearly in black ink, as unreadable cards will be rejected. Do not alter the card or boxes.

Instructions for Individuals Residing More than 50 Miles From Ohio

Individuals residing more than 50 miles from Ohio must contact the Board at odb@odb.ohio.gov or 614 466 9709 to request that the Board mail to you the appropriate forms to have your fingerprints taken at your local law enforcement agency. Any additional instructions will also be mailed.

Criminal records checks are only valid for six (6) months from the date of receipt by the Board.