



OHIO OPTICAL DISPENSERS BOARD

77 SOUTH HIGH ST. 16TH FLOOR
COLUMBUS, OHIO 43215-6108
(614) 466-9709 FAX (614) 995-5392
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APPLICATION FOR REGISTRATION TO PRACTICE AS AN APPRENTICE OPTICIAN

PART II

Date _____ Registration Expiration Date _____

Apprentice Name _____

Direct Supervisor Name _____ License # _____
PLEASE PRINT

Address _____

City/State/Zip _____

Day/Evening Phone # _____

Employer _____

Work Address _____

City/State/Zip _____

Work Phone # _____ Work Fax # _____

Yes No Has the Apprentice worked as a Dispensing Apprentice Optician since the expiration of the Registration on July 1?

IF YES, PLEASE COMPLETE THE FOLLOWING:

Dates worked since the expiration of the Apprentice Registration _____

Description of Duties _____

THIS FORM MAY BE DUPLICATED IF ADDITIONAL SPACE IS NEEDED FOR REPORTING OF MORE WORK HISTORY

For this employer, during the above stated time period:

- Yes No Did the Apprentice engage in the practice of Optical Dispensing as a Registered Apprentice Dispensing Optician?
 Yes No Did the Apprentice hold themselves out as being a Registered Apprentice Dispensing Optician, use any initial title or initials implying that they were a Registered Apprentice Dispensing Optician?

THE ABOVE NAMED APPRENTICE WILL NOT RECEIVE A REGISTRATION CARD TO PRACTICE AS A REGISTERED APPRENTICE DISPENSING OPTICIAN UNTIL THIS COMPLETED FORM IS RETURNED TO THE OHIO OPTICAL DISPENSERS BOARD. THE APPRENTICE TIME WILL NOT BE VALID UNTIL THIS COMPLETED FORM IS RETURNED TO THE BOARD OFFICE.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE.

Signature of Direct Supervisor named above: _____

THIS FORM MUST BE EITHER:

<p>1. NOTARIZED</p> <p>Sworn to and signed before me this _____ day of _____, 20__</p> <p>_____ Signature of Notary Public</p> <p>_____ Expiration Date of Commission</p>	<p>OR</p>	<p>2. Signed in the Presence of an Employee of the Ohio Optical Dispensers Board.</p> <p>_____ Signature of Witness</p> <p>_____ Date</p>
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