



OHIO OPTICAL DISPENSERS BOARD
 77 SOUTH HIGH ST. 16TH FLOOR
 COLUMBUS, OHIO 43215-6108
 (614) 466-9709 FAX (614) 995-5392
WWW.OPTICAL.OHIO.GOV
 Email: odb@odb.ohio.gov

APPRENTICE REGISTRATION

REGISTRATION IS EFFECTIVE JULY 1, 2009 THROUGH JUNE 30, 2010

I AM REQUESTING APPRENTICE REGISTRATION FOR THE FOLLOWING: (CHECK ALL THAT APPLY)

<input type="checkbox"/>	SPECTACLE ONLY	_____	AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK
<input type="checkbox"/>	CONTACT LENS ONLY	_____	AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK
<input type="checkbox"/>	LAB	_____	AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK
<input type="checkbox"/>	SPECTACLE/CONTACT LENS	_____	AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK

****This is a transfer of supervisor only. No fee required. _____ YES**

****This is an addition of a new supervisor. Fee required. _____ YES**

Certified Check or Money Order Only Payable To: Treasurer State of Ohio

FEE: \$10.00 FEES ARE NON-REFUNDABLE

PLEASE TYPE OR PRINT CLEARLY

APPRENTICE'S NAME		SOCIAL SECURITY NO. *		DATE
EMPLOYER'S NAME		DIRECT SUPERVISOR'S NAME & LICENSE NUMBER		
EMPLOYER ADDRESS (STREET)		(CITY)		
EMPLOYER PHONE ()	(STATE)	(ZIP)	(COUNTY)	
HOME ADDRESS (STREET)		(CITY)		
HOME PHONE ()	(STATE)	(ZIP)	(COUNTY)	

PLEASE PRINT CHANGES IN THE APPROPRIATE BOXES ABOVE

APPRENTICE OPTICIAN – PLEASE READ CAREFULLY BEFORE SIGNING.

I UNDERSTAND THAT I MUST BE APPRENTICED UNDER THE DIRECT PERSONAL SUPERVISION OF THE ABOVE NAMED LICENSED DISPENSING OPTICIAN WHO MUST BE IN THE OPTICAL AREA DURING MY HOURS OF APPRENTICESHIP.

Signature of Apprentice Optician _____ **Date:** _____

DIRECT SUPERVISING OPTICIAN – PLEASE READ CAREFULLY BEFORE SIGNING.

I CERTIFY THAT I WILL PERSONALLY SUPERVISE THE EDUCATION AND TRAINING OF THE ABOVE NAMED APPRENTICE OPTICIAN AND I WILL NOT PERMIT THE APPRENTICE TO PERFORM OPTICAL DISPENSING UNLESS I AM IN THE OPTICAL AREA TO PERSONALLY SUPERVISE THEIR EDUCATION AND TRAINING. I AM SUPERVISING NO MORE THAN THREE (3) APPRENTICES.

Signature of Licensed Dispensing Optician _____ **LICENSE NUMBER:** _____
Should be the same as Direct Supervisor listed above. **DATE:** _____

*Provision of your social security number is mandatory for child support enforcement purposes, pursuant to R.C. 3123.50. In addition, the Federal Healthcare Integrity and Protection Data Bank, 42 U.S.C. § 1320a-7e(b), 5 U.S.C. § 552a, and 45 C.F.R. pt. 61 also requires disclosure of your social security number.

OFFICE ONLY
REG.#
DEPOSIT