



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

**APPRENTICE REGISTRATION**

**REGISTRATION IS EFFECTIVE JULY 1, 2016 THROUGH JUNE 30, 2017**

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

- SPECTACLE ONLY \_\_\_\_\_ AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK  
 CONTACT LENS ONLY \_\_\_\_\_ AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK  
 LAB \_\_\_\_\_ AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK  
 SPECTACLE/CONTACT LENS \_\_\_\_\_ AVERAGE HOURS TO BE WORKED AS AN APPRENTICE /WEEK

**NOTE: Hours worked only under the supervisor listed below must be indicated in the appropriate box or the registration will be returned as incomplete.**

**\*\*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 DO NOT STAPLE FEE TO FORM**

**FEE: \$20.00 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 ( )	BIRTH DATE	(STATE)	(ZIP)	(COUNTY)
PERSONAL E-MAIL ADDRESS		WORK E-MAIL ADDRESS		

**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. 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. I WILL MAINTAIN ALL RECORDS OF THE APPRENTICE'S EDUCATION AND TRAINING.

Signature of Licensed Dispensing Optician \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**Should be the same as Direct Supervisor listed above.** DATE: \_\_\_\_\_

\*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).

ODB 0105 (04/16)

OFFICE ONLY
REG.#
DEPOSIT