



# OHIO OPTICAL DISPENSERS BOARD

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COLUMBUS, OHIO 43215-6108  
(614) 466-9709 FAX (614) 995-5392  
[WWW.OPTICAL.OHIO.GOV](http://WWW.OPTICAL.OHIO.GOV)  
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## APPLICATION FOR RENEWAL OF LICENSE TO PRACTICE AS A LICENSED DISPENSING OPTICIAN OR OCULARIST PART II

Date \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Employer Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_ Initial Employment Date \_\_\_\_\_

Yes  No Have you worked as a Licensed Dispensing Optician since the expiration of your license?

### IF YOU MARKED YES TO THE ABOVE QUESTION, PLEASE COMPLETE THE FOLLOWING:

Dates worked since the expiration of your license \_\_\_\_\_

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 Were you employed by an Optometrist or Ophthalmologist only?
- Yes  No Did you engage in the practice of Optical Dispensing or Ocularistry as a Licensed Dispensing Optician or Ocularist?
- Yes  No Did you hold yourself out as being a Licensed Dispensing Optician or Ocularist, use the initials LDO or any other title or initials implying that you were a Licensed Dispensing Optician or Ocularist?

**YOU WILL NOT RECEIVE A LICENSE TO PRACTICE AS A LICENSED DISPENSING OPTICIAN OR OCULARIST UNTIL THIS COMPLETED FORM IS RETURNED TO THE OHIO OPTICAL DISPENSERS BOARD.**

**I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE.**

Signature \_\_\_\_\_

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><b>OR</b></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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