



The Ohio Optical Dispensers Board
 77 South High Street, 16th Floor
 Columbus, Ohio 43215-6108
 (614) 466-9709

APPLICATION FOR OHIO OCULARIST EXAMINATION

INSTRUCTIONS, PLEASE READ:

- A. Your application, and the items listed below, **must** be on file with the Ohio Optical Dispensers Board by _____ or you will not be admitted to the examination. You will receive confirmation and directions before the exam.
- B. A recent original photo must be submitted and application must be **NOTARIZED**.
- C. Fee must be submitted with application. (Money Order/Check must be made payable to "Ohio Optical Dispensers Board")
- D. Copy of High School Diploma or G.E.D must be submitted with application. (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.)
- E. Complete all relevant categories (type or print in ink).

ALL EXAMINATION APPLICATION FEES ARE NON-REFUNDABLE.

IDENTIFICATION			
Social Security Number*	Home Phone () ()	Work Phone () ()	
Name - Last	First	Middle	
Street Address			
City	State	Zip	County
Employer's Name			
Employer's Address - Street			
City	State	Zip	County
Date of Birth		Place of Birth (City, State)	

Please staple a passport type photograph of your face taken within six months immediately preceding the date of your application. The photo size should be 2 1/2 x 3 inches in size.

**ATTACH PHOTO
 HERE**

(Please sign the back of your photograph.)

FOR OFFICE USE ONLY
Amount \$:
Deposit:

*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.

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.

WERE YOU EVER DROPPED, SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE? YES ____ NO ____ IF YES, GIVE DETAILS.

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, DO YOU HOLD A LICENSE FROM THIS BOARD? YES ____ NO ____ IF YES, GIVE LICENSE NUMBER AND DATE OF ISSUE _____

AT THE PRESENT TIME, ARE YOU REGISTERED AS AN APPRENTICE? YES ____ NO ____ IF YES, GIVE REGISTRATION NUMBER _____

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

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

PLEASE ANSWER THE FOLLOWING QUESTIONS BY INITIALING 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?		
4. ARE YOU FREE OF CONTAGIOUS &/OR INFECTIOUS DISEASE(S)?		

If the answer to any question is "yes," please give complete details below. Please attach a separate page if necessary.

CERTIFICATION OF MORAL CHARACTER (To be completed by **two persons** other than relatives, 18 years or older who have personally known the applicant for a period of not less than 3 years. The Board may call upon these Character References for further information or interview. Any misrepresentation will be construed as intent to defraud.)

I certify that I have been personally acquainted with _____ (applicant's name)
 for _____ years, and know him/her to be of good moral character.

_____ Complete Address
 Print Name

_____ Date _____ Phone Number
 Signature

I certify that I have been personally acquainted with _____ (applicant's name)
 for _____ years, and know him/her to be of good moral character.

_____ Complete Address
 Print Name

_____ Date _____ Phone Number
 Signature

CERTIFICATION BY SUPERVISOR

- 1. *The Licensed Ocularist who signs this certification by supervisor form must be the same licensed ocularist 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 ocularist you were registered under during your apprenticeship.

I, * _____, of _____,
(Name) (Business Name)
_____ hereby certify that I am licensed as a(n) _____ in the State of _____.
(Phone #)

License Number _____ issued _____.

The applicant _____ has been under my supervision the following dates:
(Name)

FROM** _____ TO _____, and while under my supervision has engaged in the following activities incident to ocularistry:

SIGNATURE

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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(Name) (Business Name)
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(Phone #)

License Number _____ issued _____.

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FROM** _____ TO _____, and while under my supervision has engaged in the following activities incident to ocularistry:

SIGNATURE

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, _____, 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, MY REFERENCES, 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 WITHIN PROCESSING OF THIS APPLICATION.

THE PENALTY FOR WILLFULLY AND KNOWINGLY MAKING ANY FALSE STATEMENT ON THIS APPLICATION IS A FINE OF NOT MORE THAN SEVEN HUNDRED FIFTY DOLLARS, IMPRISONMENT FOR NOT MORE THAN NINETY DAYS, OR BOTH.

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 _____