



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

Dear Applicant,

Enclosed you will find an application for reciprocity/endorsement as a licensed dispensing optician in the state of Ohio.

An applicant for licensure as a licensed dispensing optician who is licensed or registered in another state shall be accorded the full privileges of practice within this state upon the payment of a seventy-five dollar fee and the submission of a copy of the license or certificate issued by such other state, without the necessity of examination, if the board determines that the educational background or experience of the applicant satisfies the requirements of the...Revised Code. (Section 4725.57 Ohio Revised Code (ORC).)

Section 4776.01 ORC also requires that applicants for licensure shall submit a request to the Bureau of Criminal Identification and Investigation (BCII) for a criminal records check of the applicant prior to approval of the license application by the Board.

The Board reviews each application and determines the qualifications of each applicant on a case-by-case basis.

If you have any questions, please feel free to contact the Board office at the address and numbers above.

Sincerely,

Nancy L. Manns, RN, MS, CNS
Executive Director

IMPORTANT INFORMATION FOR LICENSE APPLICANTS

PLEASE HAVE COMPLETED LICENSURE APPLICATION TO THE BOARD OFFICE BY THE FOLLOWING DATES:

FEBRUARY 2ND FOR THE FEBRUARY 12, 2009 BOARD MEETING
APRIL 6TH FOR THE APRIL 16, 2009 BOARD MEETING
JUNE 8TH FOR THE JUNE 18, 2009 BOARD MEETING
AUGUST 10TH FOR THE AUGUST 20, 2009 BOARD MEETING
OCTOBER 5TH FOR THE OCTOBER 15, 2009 BOARD MEETING
NOVEMBER 16TH FOR THE DECEMBER 3, 2009 BOARD MEETING

IN ORDER TO ENSURE TIMELY LICENSURE, PLEASE NOTE THE DEADLINE DATE SHOWN ABOVE.

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TYPE OF LICENSE _____SPECTACLE (S)
_____CONTACTLENS (C)
_____COMBINATION (S/C)

APPLICATION FOR RECIPROCITY

Your application form **PLUS** the items listed below must be submitted to the Board:

A fee of \$75.00. Please make **certified check or money order only** payable to: Treasurer, State of Ohio. Personal/Business checks will be returned.

A copy of your current license from another state.

A letter of good standing from the Secretary of your licensing state.

A recent photograph. Must be the original photograph, not a photocopy or computer printout.

A copy of the statutes regulating the practice of Opticianry in your current state of licensure may be required. (You will be notified by the Board office should the statutes be required.)

A copy of your high school diploma or G.E.D.

ANSWER EACH OF THE FOLLOWING QUESTIONS. Applicants should carefully state, in detail, all important facts requested. Fraud in application is cause for revocation or refusal of licensure. Any misrepresentation will be construed as intent to defraud. Use additional pages, if necessary.

1. APPLICANT'S NAME IN FULL _____

NAME AS YOU WANT IT TO APPEAR ON YOUR LICENSE _____

2. HOME ADDRESS: STREET NUMBER, CITY, STATE, ZIP CODE AND COUNTY.

_____ COUNTY

3. RESIDENCE PHONE (INCLUDING AREA CODE) _____

4. PRESENT EMPLOYER (LOCATION WHERE APPLICANT IS EMPLOYED) NAME, ADDRESS, CITY, STATE, ZIP CODE AND COUNTY.

_____ COUNTY

BUSINESS PHONE (INCLUDING AREA CODE) _____

5. SOCIAL SECURITY NUMBER * _____

6. GIVE DATE AND PLACE OF BIRTH: _____

Citizenship** United States Other immigration status (attach copy of documentation)
 Alien lawfully admitted for permanent residency in the United States (attach copy of front and back of alien registration card)

*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 and for licensure.

**Federal Law [8 USC § 1621] PRWORA limits the issuance of professional licenses to United States citizens or qualified aliens.

7. GIVE EXACT DATES AND RESIDENCE ADDRESSES FOR THE PAST 4 YEARS.

8. IF YOU HOLD ANY PROFESSIONAL LICENSE ISSUED BY ANOTHER STATE, GIVE NAME OF STATE, LICENSE NUMBER, DATE OF ISSUE, AND TYPE.

9. AT THE PRESENT TIME, DO YOU HOLD A LICENSE FROM THIS BOARD?
YES ___ NO ___ IF YES, GIVE LICENSE NUMBER AND DATE OF ISSUE _____

10. HAVE YOU EVER BEEN REFUSED A LICENSE OR HAD A LICENSE REVOKED OR SUSPENDED BY ANY STATE? YES ___ NO ___ IF YES, GIVE DETAILS.

11. HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___ IF YES, GIVE DETAILS.

12. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___ IF YES, GIVE DETAILS.

13. ARE YOU FREE OF CONTAGIOUS &/OR INFECTIOUS DISEASE(S)? IF NOT GIVE DETAILS.

14. GIVE DATE OF GRADUATION FROM HIGH SCHOOL _____

NAME AND ADDRESS OF HIGH SCHOOL _____

15. WERE YOU EVER DROPPED, SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE? YES ___ NO ___ IF YES, STATE FACTS FULLY.

16. A SUMMARY OF THE WORK EXPERIENCE, WITH PARTICULAR EMPHASIS ON FIELD OF LICENSURE APPLIED FOR - SPECTACLE, CONTACT LENS, OR BOTH.

17. HAVE THE FOLLOWING CERTIFICATIONS SIGNED BY TWO PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU AT LEAST 3 YEARS. THESE CHARACTER REFERENCES MAY BE CALLED UPON BY THE BOARD FOR FURTHER INFORMATION OR INTERVIEW. ANY MISREPRESENTATION WILL BE CONSTRUED AS INTENT TO DEFRAUD.

I CERTIFY THAT I HAVE BEEN PERSONALLY ACQUAINTED WITH _____ (NAME OF APPLICANT) FOR _____ YEARS, THAT I BELIEVE HIM/HER TO BE OF GOOD MORAL CHARACTER AND REPUTATION IN THE COMMUNITY, AND THAT I WOULD RECOMMEND HIM/HER FOR LICENSURE TO THIS BOARD.

DONE THIS _____ DAY OF _____ 20__

SIGNATURE

ADDRESS

I CERTIFY THAT I HAVE BEEN PERSONALLY ACQUAINTED WITH _____ (NAME OF APPLICANT) FOR _____ YEARS, THAT I BELIEVE HIM/HER TO BE OF GOOD MORAL CHARACTER AND REPUTATION IN THE COMMUNITY, AND THAT I WOULD RECOMMEND HIM/HER FOR LICENSURE TO THIS BOARD.

DONE THIS _____ DAY OF _____ 20__

SIGNATURE

I, _____ BEING FIRST DULY SWORN, DEPOSE AND STATE THAT THE FOREFOING ANSWERS BY ME MADE AND SUBSCRIBED ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I PLEDGE, ON MY HONOR, THAT I WILL ABIDE BY THE RULES AND REGULATIONS PROMULGATED BY THE OHIO OPTICAL DISPENSERS BOARD IN CARRYING OUT THE PROVISIONS OF CHAPTER 4725, OHIO REVISED CODE.

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 _____



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CRIMINAL RECORDS CHECKS REQUIRED FOR INITIAL LICENSURE

Section 4725.501 of the Ohio Revised code requires all individuals applying for a license issued by the Ohio Optical Dispensers Board (Board) to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI).

Applicants residing in Ohio or within 50 miles of Ohio are required to utilize "WebCheck" to electronically submit their fingerprints to BCII. The Board will typically receive the results of a criminal records check submitted via "WebCheck" within 3 to 6 months. In addition to the \$22 BCII fee and \$24 FBI fee, the electronic fingerprinting company may charge its own fee to process the fingerprints.

Since the law requires applicants for licensure to submit a records check completed by both BCII and FBI, you **must** use the services of a "WebCheck" vendor that participates in the "National WebCheck." The Sheriff's offices in all 88 Ohio counties participate in the "National Web Check." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

When locating an electronic fingerprinting site on this web page, please note that you must use the services of a vendor that has (NWC) listed after the vendor's name. Only these entities participate in "National WebCheck." The Board does not endorse or recommend any specific electronic fingerprinting company.

You need both the BCII and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from both the BCII and FBI.

Steps for "WebCheck"

1. Identify a "WebCheck" vendor that participates in the "National WebCheck."
2. Submit your fee directly to the "WebCheck" vendor. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD.**
3. Request that the criminal records check results from both the BCII and FBI be sent directly to:
 Ohio Optical Dispensers Board
 77 South High St., 16th Floor
 Columbus, Ohio 43215-6108
4. List the reason for fingerprinting as: "Required for licensure per ORC 4725.501."
5. List the agency code as 1AB002
6. Write clearly in black ink, as unreadable cards will be rejected. Do not alter the card or boxes.

Instructions for Individuals Residing More than 50 Miles From Ohio

Individuals residing more than 50 miles from Ohio must contact the Board at odb@odb.ohio.gov or 614 466 9709 to request that the Board mail to you the appropriate forms to have your fingerprints taken at your local law enforcement agency. Any additional instructions will also be mailed.