

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627

Helena, AR 72342

Voice and Fax Line: (870) 572-2847

APPLICATION FORM Apprentice Dispensing Optician License

INSTRUCTIONS

1. THE APPLICANT must submit TWO (2) WRITTEN LETTERS OF CHARACTER. If the Applicant is currently employed, one of these letters must be from your PRESENT employer stating actual LENGTH of EMPLOYMENT and DUTIES PERFORMED.
2. THE APPLICANT must include with the completed application a COPY of your
 - a. COLLEGE DIPLOMA and/or transcript of any college hours obtained, if applicable, **AND**
 - b. HIGH SCHOOL DIPLOMA or CERTIFICATE of GRADUATION and a copy of your high school transcript, **OR**
 - c. GED Certificate or equivalents thereof and a Letter of Recommendation from the GED Program from which certification was obtained
3. THE APPLICANT must submit completed Supervision Agreement(s) from each Licensed or Registered Dispensing Optician under whose supervision they will dispense glasses. Quarterly Supervision Reports will be required upon approval of the Apprentice application.
4. EACH APPLICATION for Apprentice Licensure must be accompanied by a CHECK or MONEY ORDER in the amount of SIXTY DOLLARS (\$60.00) payable to the ARKANSAS BOARD OF DISPENSING OPTICIANS. Payment will not be accepted in any other name.
5. THE APPLICANT must answer all application questions completely and legibly.
6. EACH APPLICATION must include a 1" X 1" COLOR PHOTO.
7. EACH APPLICATION must be SIGNED by the applicant.
8. EACH APPLICATION must be NOTARIZED.
9. EACH APPLICANT must include TWO (2) REFERENCES who may be reached by correspondence or telephone. This requirement is in addition to the two (2) Letters of Character required above.
10. EACH APPLICANT must include a completed Supervision Agreement for each Licensed/Registered Dispensing Optician under whose supervision they will be working.

APPLICATION FOR APPRENTICE LICENSE
ANSWER ALL QUESTIONS

Name: _____
(FIRST) (MIDDLE) (LAST)

Date of Birth: _____ Present Age: _____ Social Security # _____

Address: _____
(STREET and APT # or P. O. BOX)

(CITY) (STATE) (ZIP)

Home Phone: (____) _____ - _____ Business Phone: (____) _____

1. Are you currently employed in a business which dispenses eyewear to the public in the State of Arkansas? [] yes [] no If yes, please list:

- _____
NAME OF BUSINESS SUPERVISOR'S NAME

ADDRESS, CITY, STATE, ZIP (PHONE)

- Do you own this business? [] Yes; [] No. If so, How Long? (years) _____
- Do your current duties include dispensing eyewear? [] Yes [] NO If yes, Explain on a separate sheet of paper and attach to this application.

2. Are you a high school graduate or GED equivalent? [] yes [] no If yes, please submit documentation required per the instructions.

3. Are you a graduate of an ACCREDITED school of Opticianry? [] yes [] no

School Name: _____

School Address: _____

Graduation Date: _____

4. Do you hold a National Certificate of Opticianry? [] Yes; [] No. If yes.

- Is your certification [] ABO [] OAA; Date of certificate: _____
- Is this certification current? [] Yes [] No.

5. Do you hold a certificate of licensure, registration, or apprenticeship valid in another state? [] Yes [] No If yes,

- State: _____

- Certificate #: _____

- Date Issued: _____

- Expiration Date: _____

LIST PREVIOUS EMPLOYMENT FOR THE PAST SIX (6) YEARS: (STARTING WITH CURRENT EMPLOYER)

1. _____ FROM: _____ TO: _____
(EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

2. _____ FROM: _____ TO: _____

- (EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)
3. _____ FROM: _____ TO: _____
 (EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)
4. _____ FROM: _____ TO: _____
 (EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)
5. _____ FROM: _____ TO: _____
 (EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)
6. _____ FROM: _____ TO: _____
 (EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

REFERENCES: (In addition to Letters of Character References also required):

1. _____
 (NAME) (STREET ADDRESS)
- _____
- (CITY) (STATE) (ZIP) (PHONE)
2. _____
 (NAME) (STREET ADDRESS)
- _____
- (CITY) (STATE) (ZIP) (PHONE)

AFFIDAVIT FOR LICENSURE

I, THE UNDERSIGNED APPLICANT FOR APPRENTICE DISPENSING OPTICIAN LICENSURE, HEREBY CERTIFY THAT THE ABOVE INFORMATION SUBMITTED FOR PURPOSES OF SECURING AN APPRENTICE DISPENSING OPTICIAN LICENSE IS TRUE AND CORRECT. I FURTHER UNDERSTAND THAT IF THE INFORMATION GIVEN IS NOT TRUE OR CORRECT, THAT PURSUANT TO ARK. CODE ANNO. §§ 17-89-101 ET SEQ. AND THE RULES AND REGULATIONS OF THE ARKANSAS BOARD OF DISPENSING OPTICIANS, ANY LICENSE ISSUED MAY BE SUSPENDED OR REVOKED AND THAT CRIMINAL PENALTIES MAY ALSO APPLY.

 (Signature of Applicant)

 (Print Name)

Subscribed and sworn to, before me, this ____ day of _____, 20__.

 Notary Public

My Commission expires: _____