



APPLICATION FOR LICENSURE DISPENSING OPTICIANS

GEORGIA STATE BOARD OF DISPENSING OPTICIANS

237 Coliseum Drive, Macon, Georgia 31217-3858

(478) 207-2440 * www.sos.ga.gov/plb/opticians

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Dispensing Opticians in the State of Georgia. Visit the following web site for information:

****IMPORTANT****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void and withdrawn after two years from date of receipt by the Board. All applicants whose application has been withdrawn must reapply.

All applicants are required to pass the ABO/NCLE national competency exams (NOCE & CLRE) in addition to passage of both the ABO Practical and NCLE Practical Exams for licensure in Georgia as a dispensing optician.

Please visit the ABO NCLE website for more information and to register for the practical exam (once you receive the approval to test correspondence from the Board). <http://www.abo-ncle.org/>

DISABILITY- If you have a disability and require an accommodation, please submit the "Request for Disability Accommodation" form and all documentation supporting the request. This form is on the same webpage as this application.

VETERANS PREFERENCE POINTS- Veterans may be eligible for point's credit for taking the required examinations for licensure. See O.C.G.A. § 43-1-9 for more information. You may also contact the Board office at 478-207-2440. You will need to **submit request for VPP's and a copy of your DD-214 with your application.**

The following items must be submitted to be considered for licensure: (Please submit all items in one packet). Please keep copies of everything you submit for your records:

- Completed application
- \$115 fee - Non-Refundable**
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.
- Copy of birth certificate
- Copy of high school diploma, transcript or GED certificate
- Copies of **CURRENT** ABO & NCLE Certificates **OR**, if you recently tested for the ABO & NCLE, indicate the date you sat for the exam in the appropriate space on this application.
- If applying on the basis of education, submit an official copy of your opticianry transcript from your Opticianry School showing completion of degree program and graduation date.
- If applying on the basis of experience, submit the Affidavit of Experience and Employment. Must have at least 2 years and 3,000 hours. If you worked under the supervision of an out-of-state Optician, Optometrist, or Medical Doctor submit a copy of their license.
- Applicant must submit proof of 3,000 hours, no less than 2 years, completed under an Apprenticeship; Any hours obtained prior to registration deadline of August 31, 2008 set by law, will not count towards the required 3,000 hours [O.C.G.A. § 43-29-7(e)].
- If applying on the basis of education and experience, submit all documents listed above.
- Upon approval by the Board, applicants/candidates **may not** take the ABO and NCLE Practical Examinations more than two (2) times **without review and approval by the Board.**

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Professional Education:

1. Highest Degree Earned:

- Doctoral Degree
- Master's Degree
- Bachelor's
- Diploma/Certificate
- Other (please specify) _____

2. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university):

Name of School	Address (City and State)	Zip Code
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Dates Attended: _____ Degree (s) Earned: _____
Month/Year

Date Graduated: _____ Major: _____

3. Name/Address of Graduate School/University:

Name of School/University	Address (City and State)	Zip Code
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Dates Attended: _____ Degree (s) Earned: _____
Month/Year

Date Graduated: _____ Major: _____

4. Name/Address of Post-Graduate School/Hospital (if applicable):

Name of School/Hospital	Address (City and State)	Zip Code
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Type of Training: _____ Dates Attended: _____

Background Information:

5. Category under which you are applying:

- Experience
- Education
(Name of College) _____ (Degree) _____
(Date of Degree) _____
- Experience and Education

6. Did you recently take the ABO (NOCE) & NCLE (CLRE) national competency exams? () Yes () No If yes, list date(s) tested:

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7. Have you ever had any restrictions as a Medicaid or Medicare provider? No Yes
 If yes, attach a personal letter of explanation and documentation of resolution/final decision.

8. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. No Yes

If “yes,” please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

Also, if you answered “Yes”, you **MUST** print out and complete the form “Background Investigation Consent” and submit with your application. This form is available on the same webpage you printed this application from. Failure to do so will delay the processing of your application.

9. Has any licensing Board or other agency in Georgia, or any other state, ever:

- (a) Denied your application, for licensure, renewal or reinstatement? No Yes
- (b) Revoked, suspended, restricted or probated your license? No Yes
- (c) Requested or accepted surrender of your license? No Yes
- (d) Reprimanded, fined or disciplined you? No Yes

If “yes”, submit a certified copy of that board or agency’s action against your license with relevant supporting documents and a personal letter of explanation with your application?

Provide the name of the sanctioning licensing Board or other agency:

(Name of agency or board)

10. List any state(s) in which you now hold or have ever held an Optician License. Request official certification (s) from each state Licensing Board where you hold a license by submitting the attached Certification of Licensure Form.

STATE	PROFESSION	YEAR ISSUED	STATUS (CURRENT/INACTIVE)

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the listing of acceptable documents found on the Board’s website.**

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. A listing of acceptable documents can be found on the Board’s website.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (City), _____ (State).

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn before me on this the

_____ Day of _____, 20_____

Notary Seal/Stamp

Notary Public - Signature My Commission Expires: _____

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AFFIDAVIT OF EXPERIENCE AND EMPLOYMENT

(This form is to be completed by the Licensed Professional serving in a Supervisory capacity)

_____, a licensed (circle one) MD, OD, LDO

Business Address _____
(Company Name & Street Address)

City _____ State _____ Zip _____

Phone Number (_____) _____

List the total number of hours the applicant for examination has been supervised by you in the field of ophthalmic dispensing. To determine the hours of experience, multiply the weeks worked by the number of hours worked per week.

_____ Total Hours

I, _____, License Number _____,

in the State of _____, being duly sworn certify that

_____ has been instructed by me for _____

(Print name of applicant)

year (s) _____ month (s) and _____ week(s) starting on _____ until

_____.

I further certify that during the foregoing period of employment, I instructed the applicant in the necessary subject matters required to practice as a Dispensing Optician.

(Signature of Licensed Professional serving in the supervisory capacity)

Out of state supervising professionals must submit a copy of their current license.

Executed in _____ (City), _____ (State).

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn before me on this the

_____ Day of _____, 20_____

Notary Seal/Stamp

Notary Public - Signature My Commission Expires: _____

CERTIFICATION OF OTHER STATE LICENSURE FORM

Verifying licensure Boards or agency's may use their own verification form, an electronic verification* form or this form provided by the GA Board to verify licensure in another state or jurisdiction. Please be sure and have ALL states in which you hold, or have ever held, a Dispensing Optician license verify your licensure. All the following information must be included on all verifications of current or past licensure:

*Electronic verifications of licensure may be e-mailed to: verifications@sos.ga.gov

Optician License Number _____ to practice Opticianry in the State of _____
was issued on _____ to _____.
(Date of Issuance) (Printed Name of Georgia Applicant for Licensure)

Is this license current and in good standing?
 Yes No*

Expiration Date: _____

If the license is current, have all continuing education requirements been met?
 Yes No N/A

Has any disciplinary action ever been taken against this dispensing optician?
 Yes* No

Is there any disciplinary action pending against this dispensing optician?
 Yes* No

(* **GA APPLICANTS: PLEASE PROVIDE A LETTER OF EXPLANATION AND COPIES OF ANY DOCUMENTS WITH REGARD TO ANY DISCIPLINARY ACTIONS TAKEN OR PENDING AGAINST YOUR LICENSE IN THIS STATE**)

Signed _____ Date _____

Title: _____

State Board _____ Telephone Number () _____

(seal)

**(PLEASE MAKE COPIES AS NEEDED TO SUBMIT TO EACH STATE
IN WHICH YOU HOLD A LICENSE TO PRACTICE OPTICIANRY)**