

GEORGIA STATE BOARD OF DISPENSING OPTICIANS

237 Coliseum Drive
Macon, Georgia 31217-3858 * (478) 207-2440
www.sos.georgia.gov/plb/opticians

IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail:

****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 Incomplete applications are void and withdrawn after two years from date of receipt by the Board. All applicants whose application has been withdrawn must reapply.

IMPORTANT!!

C.E. Hours Required for Reinstatement of a Lapsed or Revoked License:

Please refer to Board Rule 420-2-.01

Part II: Background Information:

11. Have you practiced as a dispensing optician in Georgia since your license expired on March 31, 20____ ?
☐ YES ☐ NO

If yes, was this practice under the direct supervision of a licensed dispensing optician, an optometrist or a physician?
☐ YES ☐ NO

List the name of, and license number of, the supervising licensee you practiced under:

Name: _____ Lic #: _____

12. List any state(s) in which you now hold or have ever held a Dispensing 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)

Part III: Professional Experience:

13. List all practice and any past employment within the last (5) years.

TYPE OF PRACTICE/EXPERIENCE & LOCATION	DATES	
	FROM (MO/YR)	TO (MO/YR)

Part IV: Continuing Education:

14. I attest that I have completed/met all of the required continuing education hours for reinstatement of my license (as outlined in the Board Rule 420-2-.01). **You must submit copies of all CE certificates along with the CE Report Form (Page 7 of this application).**

(Signature of Applicant)

Part V: Physical/Mental Condition:

15. Within the previous two (2) years, have you been dependent on alcohol or any other drug, or been treated for dependency on alcohol or any other drug? ☐ YES ☐ NO

16. Do you have any physical or mental condition which renders you unable to perform to perform as a dispensing optician with reasonable skill and safety to patients? ☐ YES ☐ NO

Please attach a letter of explanation for each question to which you have answered "Yes".

Part VI: Previous Disciplinary and Criminal Conviction Information:

NOTE: The consent form for a background check attached must be completed, signed and returned with your application and supporting documents.

16. Board Disciplinary Actions/Legal Convictions: Answer **BOTH** Questions:

A. Have you ever been arrested, convicted, sentenced, plead guilty, pled nolo contendere or given first offender status which is: (a) a misdemeanor; (b) a felony; (c) a crime involving moral turpitude; (d) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (e) any offense other than a minor traffic violation? **Note: Even if probation completed or first offender status granted.**

☐ No ☐ Yes ☐

If **"yes"**, have you included a **certified copy** of the court records and final disposition in a **sealed envelope from the court** with your application? ☐ No ☐ Yes ☐

Have you included a **personal, detailed notarized letter** explaining each incident? ☐ No ☐ Yes ☐

B. Has any licensing board or agency in Georgia or any other state ever:

(a) denied your application, for licensure, renewal or reinstatement?	<input type="checkbox"/> No	Yes <input type="checkbox"/>
(b) revoked, suspended, restricted or probated your license?	<input type="checkbox"/> No	Yes <input type="checkbox"/>
(c) requested or accepted surrender of your license?	<input type="checkbox"/> No	Yes <input type="checkbox"/>
(d) reprimanded, fined or disciplined you?	<input type="checkbox"/> No	Yes <input type="checkbox"/>

If **"yes"**, have you included a **certified copy** of that board or agency's action against your license with relevant supporting documents in a **sealed envelope from the board or agency** with your application?

☐ No ☐ Yes ☐

Have you included a personal, **detailed notarized letter** explaining each incident? ☐ No ☐ Yes ☐

Provide the name of the agency or board in the space provided.

Name of agency or board

Affidavit Regarding Citizenship

Please remember to submit a copy of your secure & verifiable document to the Board office as indicated.

Print Name: _____ **License Number** _____

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 Board website, www.sos.ga.gov/plb/opticians.**
- 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. See list on Board website, www.sos.ga.gov/plb/opticians.**

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

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ Day of _____, 20_____.

NOTARY PUBLIC

My commission expires: _____

(Notary Seal)

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CERTIFICATION OF LICENSURE FORM

THIS FORM SHOULD BE SENT TO ALL STATES IN WHICH YOU HOLD A DISPENSING OPTICIAN LICENSE. THE FORM SHOULD BE COMPLETED BY THE STATE LICENSING AGENCY AND MAILED IN WITH YOUR APPLICATION MATERIALS OR RETURNED TO THE FOLLOWING ADDRESS:

GEORGIA STATE BOARD OF DISPENSING OPTICIANS
237 COLISEUM DRIVE
MACON, GA 31217-3858

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: _____

Have all continuing education requirements been met?
☐ Yes ☐ No

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)**

GEORGIA STATE BOARD OF DISPENSING OPTICIANS
Professional Licensing Boards, 237 Coliseum Drive, Macon, GA 31217-3858

CE REPORT FORM

Note: CE CERTIFICATES OF ATTENDANCE OR OTHER DOCUMENTS VERIFYING ATTENDANCE/COMPLETION OF HOURS MUST BE SUBMITTED WITH THIS REPORT FORM. Failure to do so may result in delays in the processing of this application.

NAME _____ LICENSE# _____ YEAR ISSUED _____
PLEASE PRINT OR TYPE - Be sure to sign and date in the space provided.

Institute, Organization, Agency Conducting Program or Online Board Approved Course	Title of Program or Description of Content	Setting/Method of Program	Dates Attended	CE Credit Hours

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this report. TOTAL HOURS _____

AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, 20__.

I certify that the above is true and accurate information and I have attached required documentation.

(Signature of Optician)

(Printed/Typed Name of Optician)

Notary Public _____

NOTARY SEAL

Please refer to Board Rule 420-2-.01