

FOR BOARD USE ONLY  
 Amount Submitted \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
 Certificate Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Applicant No. \_\_\_\_\_

**GEORGIA STATE BOARD OF DISPENSING OPTICIANS**

237 Coliseum Drive • Macon, Georgia 31217-3858

(404) 424-9966 \* [Georgia State Board of Dispensing Opticians](http://Georgia State Board of Dispensing Opticians) | [Georgia Secretary of State \(ga.gov\)](http://Georgia Secretary of State (ga.gov))

**DISPENSING OPTICIAN APPRENTICE REGISTRATION**

Non-Refundable Fee of \$45.00

(Application fee includes a \$10 mail in application processing fee)

**Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20(j).**  
 (Incomplete applications will be withdrawn after sixty (60) days, applicant must reapply and pay a new fee)

**PART I: PERSONAL INFORMATION:**

Name:

LAST | FIRST | MIDDLE | MAIDEN  
 Social Security #: \_\_\_\_\_ Date of Birth: M M - D D - Y Y Y Y

\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license or registration tracking purposes.

**Failure to provide your social security number shall result in delay of processing**

Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX, NOT ACCEPTABLE) | APT #  
 CITY | STATE | ZIP

Mailing Address:

(\*ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX IS ACCEPTABLE) | APT #  
 CITY | STATE | ZIP

Daytime Phone #:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Evening Phone #:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

E-mail Address: \_\_\_\_\_ (PLEASE Print Clearly)

Gender:  Male  Female

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

**PART II: BACKGROUND INFORMATION: (Failure to answer these questions, provide documentation, shall delay the processing of your application)**

1. Have you ever previously registered as an apprentice in Georgia? ( ) Yes ( ) No

If yes, when: \_\_\_\_\_ Previous Registration Number \_\_\_\_\_

2. 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. ( ) Yes\* ( ) No

\*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. If you answered "Yes" to the next question, **print out the "Background Investigation Consent" form** found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.



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**PART III: AFFIDAVIT OF APPRENTICE APPLICANT:**

Personally appeared before me, the undersigned official authorized to administer oaths, came \_\_\_\_\_ who deposes and swears that he/she is the person who executed this registration form for an apprentice registration in the State of Georgia; and that all the statements contained herein are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
(Signature of Apprentice) (Date Signed)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public (Notary Seal)

**PART IV: AFFIDAVIT OF SUPERVISOR:**

This form is to be completed by the Licensed Professional serving in a supervisory capacity in the primary location of the apprenticeship.

I, \_\_\_\_\_, a (circle one) licensed dispensing optician,  
(Print Name Clearly)  
licensed optometrist or other licensed physician, \_\_\_\_\_  
(Business Name)

Business Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, License Number \_\_\_\_\_, in the State of Georgia,

being duly sworn certify that \_\_\_\_\_ will be instructed by me.  
(Print name of Apprentice)

I hereby certify that the apprentice will comply with the Georgia laws and rules while optical dispensing or the State Board has been notified that I am withdrawn as the supervisor.

\_\_\_\_\_  
(Signature of Licensed Professional serving in the supervisory capacity)

State of \_\_\_\_\_

(Notary Seal)

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public

APPLICANT SIGNATURE & AFFIDAVIT

**YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY**

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 Georgia State Board of Dispensing Opticians, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document – See list of acceptable documents on Board website.**

2) \_\_\_\_\_ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older 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 of acceptable documents on Board website.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Dispensing Opticians and/or criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Sworn to and subscribed before me this**  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature**

( Notary Seal)

**My Commission Expires:** \_\_\_\_\_

**NOTE to NOTARY: Application must be signed with Proper ID.**

**\*\* A copy of your secure and verifiable document (SVD) such as a driver’s license or passport is required to be submitted to the Board office with this application as indicated in the above form. Failure to provide your SVD shall result in delay of processing**