



## **Application for Military Spouses or Transitioning Service Members for Dispensing Optician Licensure by Endorsement**

**GEORGIA STATE BOARD OF DISPENSING OPTICIANS**

**237 Coliseum Drive, Macon, Georgia 31217-3858**

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

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 Board web site for more 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 Incomplete applications are void and withdrawn after sixty (60) days. All applicants whose application has been withdrawn must reapply.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
- Non-Refundable fee: \$125 fee** (Application fee includes a \$10 mail in application processing fee) - **(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.)**
- Verification of Licensure, in good standing, from the appropriate licensure agency in another state in which the applicant is currently licensed in.
- In addition, licenses in lapsed, revoked or any other status than currently active from any other states you hold, or have held a license in must also be verified to the Georgia Board.
- Documentation satisfactory to the Board which verifies the applicant's status as a military spouse or transitioning service member as defined in O.C.G.A. §43-1-34.
- Copy of birth certificate
- Copy of high school diploma, transcript, or GED certificate

**THIS APPLICATION IS ONLY FOR USE BY MILITARY SPOUSES OR TRANSITIONING SERVICE MEMBERS APPLYING TO THE GEORGIA BOARD FOR LICENSURE AS A DISPENSING OPTICIN BY ENDORSEMENT. All others must submit the "Dispensing Opticians Application"**

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](http://Georgia Secretary of State) ([ga.gov](http://ga.gov))

**Application for Military Spouses or Transitioning Service Members**  
**for Dispensing Optician Licensure by Endorsement**

**Non-Refundable Application Fee: \$125** (Application fee includes a \$10 mail in application processing fee)

**Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.**

**Method Obtained by:** ( ) Endorsement

**Name:**

LAST FIRST MIDDLE MAIDEN

Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

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 tracking purposes.

**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 ACCEPTABLE) APT #  
 CITY STATE ZIP

**Daytime Phone #:**

| | | - | | | - | | | |

**Evening Phone #:**

| | | - | | | - | | | |

**E-mail Address:** \_\_\_\_\_

(PLEASE PRINT CLEARLY)

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.**

**Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).**

**Professional Education:**

Highest Degree Earned:

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

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

---

Name of School	Address (City and State)	Zip Code
Dates Attended: _____ <i>(Month/Year)</i>	Degree (s) Earned: _____	
Date Graduated: _____	Major: _____	

**Name/Address of Graduate School/University:**

---

Name of School/University	Address (City and State)	Zip Code
Dates Attended: _____ <i>(Month/Year)</i>	Degree (s) Earned: _____	
Date Graduated: _____	Major: _____	

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

---

Name of School/Hospital	Address (City and State)	Zip Code
-------------------------	--------------------------	----------

Type of Training: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**Background Information:**

Have you recently taken the ABO (NOCE) & NCLE (CLRE) national competency exams?  No  Yes  
If yes, list date(s) tested: \_\_\_\_\_

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.

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? (DUI and DWI 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.

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

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| (a) Denied your application, for licensure, renewal or reinstatement? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (b) Revoked, suspended, restricted or probated your license?          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (c) Requested or accepted surrender of your license?                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (d) Reprimanded, fined or disciplined you?                            | <input type="checkbox"/> No | <input type="checkbox"/> 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)*

**Affidavit Regarding Citizenship**

Submit this document with a copy of your secure and verifiable document to the Board office with your 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: \_\_\_\_\_

**GEORGIA STATE BOARD OF DISPENSING OPTICIANS**

237 Coliseum Drive, Macon, Georgia 31217-3858

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

FAX 866-888-7127

**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](mailto: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

(\* 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 ( ) \_\_\_\_\_

*(Board Seal)*

PLEASE MAKE COPIES AS NEEDED TO SUBMIT TO EACH STATE  
IN WHICH YOU HOLD A LICENSE TO PRACTICE OPTICIANRY. STATES MAY ALSO SUBMIT THEIR OWN  
VERIFICATION FORMS.