



APPLICATION FOR LICENSURE as a DISPENSING OPTICIAN

GEORGIA STATE BOARD OF DISPENSING OPTICIANS
237 Coliseum Drive, Macon, Georgia 31217-3858 * 404-424-966 *
[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.

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 Incomplete applications are void and withdrawn after sixty days from date of receipt by the Board. All applicants whose application has been withdrawn must reapply.

All applicants are required to pass the National Opticianry Certification Exam (NOCE) and the Contact Lens Registry Exam (CLRE), and passage of both the American Board of Opticianry Practical Exam (ABOP) and the National Contact Lens Examiners Practical Exam (NCLEP) for licensure in Georgia as a dispensing optician.

The Georgia Board does not approve an applicant to take the NOCE and CLRE exams, individuals can do so on their own. These two certification exams however must be taken and passed (and verified) before an individual can be approved to register and sit for the two new practical exams.

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 a testing 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 Veterans Preference Point's (VPP) on the required examinations for licensure. See O.C.G.A. § 43-1-9 for more information. You may also contact the Board office at 844-753-7825. You will need to **submit a written 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. Submit all items in one packet. **Keep copies** of everything you submit for your records:

- Completed application and the **\$125 fee** (application fee includes a \$10 mail in application processing 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 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 satisfactorily completion of one school year of not less than an 850 hour course of study in a recognized school of optical dispensing. Transcript must indicate degree program and graduation date. Applicants may meet the educational requirements of the Code section by receiving a certificate from recognized schools of Opticianry with the Technical College System of Georgia or formal home study programs through the Career Progression Program with the National Academy of Opticianry or other programs approved by the board.
- If applying on the **basis of experience**, submit the Affidavit of Experience and Employment. Must have documented as a Georgia Board Registered "Apprentice" a minimum of 2 years and 3,000 hours experience. Applicants must have registered with the Georgia Board as an "Apprentice" for these hours to be accepted.
- If applying on the **basis of education and experience**, submit all documents listed above for education and experience.
- 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.**

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

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APPLICATION FOR LICENSURE AS A DISPENSING OPTICIAN

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: Applicant is applying for above referenced license by:
 Education Experience Experience and Education

If a registered GA Board Apprentice, indicate License #” LDOA _____ or OPTA _____

Personal Information:

1. Legal Name to appear on License:

LAST	FIRST	MIDDLE	MAIDEN

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

LAST	FIRST	MIDDLE	MAIDEN

3. Social Security #*:

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Date of Birth:

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*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.

4. Residential (Physical) Address:

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

5. Mailing Address:

CITY	NUMBER AND STREET(P.O. BOX ACCEPTABLE)	STATE	ZIP	APT #

6. Daytime Phone #:

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Evening Phone #:

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7. E-mail Address: _____ **Fax Number:** _____
(PLEASE PRINT CLEARLY)

E-mail is the most efficient way for the Board staff to contact you so that your application can be processed as expeditiously as possible. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

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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 Educational Institution/Program (e.g. technical school, undergraduate college/university, NAO Career Progression Program or other Board approved programs):

Name of Institution/Program *Address (City and State)* *Zip Code*

Dates Attended: _____ Degree (s) Earned: _____
Month/Year

Date Graduated: _____ Major: _____

If Technical School, Certificate Awarded/Date _____ # Hours Completed _____

3. Name/Address of Graduate School/University:

Name of School/University *Address (City and State)* *Zip Code*

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*

Type of Training: _____ Dates Attended: _____

Background Information:

5. Category under which you are applying:

- Registered Apprenticeship Experience**
- Education**
- Experience and Education** (Complete your registered apprenticeship experience hours and educational credentials above)

NOTE: The information regarding your educational program must be completed above in the "Professional Education" section or the processing of this application may be delayed.

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6. 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.

7. 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.

8. 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)

9. List any state(s) in which you now hold, or have ever held, an Optician License. Request official certification(s) from each state Licensing or Regulatory Board that issued the license by submitting the attached Certification of Licensure Form (page 7), or, the issuing state may provide the verification by any format or platform it chooses. The verification must state on it if there has ever been any disciplinary action taken against the license. This applies to verifications of both current and expired licenses.

Affidavit Regarding Citizenship

IMPORTANT: Applicants **MUST** submit this document **AND** a copy of your **Secure and Verifiable Document** (SVD) with this application for licensure to the Board office. Failure to do so will delay your application processing.

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 (SVD) such as driver’s license, passport, or any 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 FORM

*(This form is to be completed by the licensed professional serving in a supervisory capacity **and who must be** the same supervisor as originally listed on the apprentice application, or any supervisor who may have been added at a later date. Use additional forms to list other licensed professionals providing supervision.*

ONLY THOSE HOURS THE LICENSED PROFESSIONAL NAMED ON THIS DOCUMENT PERSONALLY SUPERVISED ARE TO BE LISTED ON THIS DOCUMENT. ONLY ONE SUPERVISOR PER FORM IS TO BE LISTED.

I, _____, personally provided the supervision hours noted on this form to the
(Name of Supervising Professional)
apprentice named below. The name of the employment site and address is:

City _____ State _____ Zip _____

Phone Number (_____) _____ E-Mail Address: _____

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, _____, a licensed (circle one) MD, OD, LDO - License # _____,

currently licensed in the State of _____, being duly sworn, certify that

_____ has been instructed/supervised by me for _____ year(s) _____ month(s)
(Print name of applicant/apprentice)

and _____ week(s), starting on _____ and continuing until _____.
(Date) *(Date)*

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)

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 to have ALL states in which you hold, or have ever held, a Dispensing Optician license verify your licensure to the Georgia Board. If not submitting this form, please be sure all the following information is included on all verifications of current or past licensure, active or not:

*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 _____. If the license is inactive, or has lapsed,
(Date of Issuance) (Printed Name of GA Applicant for Licensure)
please provide the expiration date: _____

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

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: YOU MUST PROVIDE A LETTER OF EXPLANATION AND COPIES OF ANY DOCUMENTS WITH REGARD TO ANY DISCIPLINARY ACTIONS TAKEN, OR PENDING, AGAINST YOUR LICENSE IN ANY STATE)

Signed _____ Date _____

Title: _____

State Board _____ Telephone Number () _____

(Board Seal)

(PLEASE MAKE COPIES OF THIS FORM AS NEEDED TO SUBMIT TO EACH STATE IN WHICH YOU CURRENTLY HOLD, OR HAVE EVER HELD, A LICENSE TO PRACTICE OPTICIANRY)