



## OHIO OPTICAL DISPENSERS BOARD

77 SOUTH HIGH ST. 16<sup>TH</sup> FLOOR  
COLUMBUS, OHIO 43215-6108  
(614) 466-9709 FAX (614) 995-5392  
[WWW.OPTICAL.OHIO.GOV](http://WWW.OPTICAL.OHIO.GOV)  
Email: [odb@odb.ohio.gov](mailto:odb@odb.ohio.gov)

### \*IMPORTANT INFORMATION FOR LICENSE APPLICANTS\*

#### PLEASE HAVE COMPLETED LICENSURE APPLICATION TO THE BOARD OFFICE BY THE FOLLOWING DATES:

FEBRUARY 2<sup>ND</sup> FOR THE FEBRUARY 12, 2009 BOARD MEETING  
APRIL 6<sup>TH</sup> FOR THE APRIL 16, 2009 BOARD MEETING  
JUNE 8<sup>TH</sup> FOR THE JUNE 18, 2009 BOARD MEETING  
AUGUST 10<sup>TH</sup> FOR THE AUGUST 20, 2009 BOARD MEETING  
OCTOBER 5<sup>TH</sup> FOR THE OCTOBER 15, 2009 BOARD MEETING  
NOVEMBER 16<sup>TH</sup> FOR THE DECEMBER 3, 2009 BOARD MEETING

#### IN ORDER TO ENSURE TIMELY LICENSURE, PLEASE NOTE THE DEADLINE DATE SHOWN ABOVE.

#### LICENSURE REQUIREMENTS

- Ohio law requires you must apply for your Ohio License within one year of receiving notification that you were successful in passing the exam.
- Original notification of successfully passing the ABO examination if applying for a spectacle license. No copies will be accepted.
- Original notification of successfully passing the NCLE examination if applying for a contact lens license. No copies will be accepted.
- Applicant must be at least 18 years of age.
- Applicant must be of good moral character.  
“Good Moral Character” means written proof from at least two individuals on a form provided by the Board attesting to the individual’s good standing in the community, said statement to be based on an acquaintanceship of not less than three years. Criminal records check will be required (see attached document).
- Applicant is free of contagious or infectious disease that may impair the ability to provide safe care.
- Applicant is a graduate of an accredited high school of any state; or has attained an educational equivalent.  
“An Educational Equivalent” means the proof of having successfully passed the GED examinations or a GED certificate of high school equivalency diploma.
- Applicant has attained **one** of the following:

Applicant must have earned a degree in optical dispensing from a Board approved school.

**OR:**

Two year of experience of at least 1000 hours per year in optical dispensing as a registered apprentice under the direct supervision of a Licensed Dispensing Optician, of which you may use one year of not less than 30 hours of optical laboratory experience.

**OR:**

Two years of supervised experience and employment under a physician licensed by the state medical board engaged in the practice of Ophthalmology; or two years of supervised experience and employment under a licensed Optometrist, of which you may use one year of not less than 30 hours of optical laboratory experience.



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e-mail: odb@odb.ohio.gov

### CRIMINAL RECORDS CHECKS REQUIRED FOR INITIAL LICENSURE

Section 4725.501 of the Ohio Revised code requires all individuals applying for a license issued by the Ohio Optical Dispensers Board (Board) to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI).

Applicants residing in Ohio or within 50 miles of Ohio are required to utilize "WebCheck" to electronically submit their fingerprints to BCII. The Board will typically receive the results of a criminal records check submitted via "WebCheck" within 30 to 60 business days. In addition to the \$22 BCII fee and \$24 FBI fee, the electronic fingerprinting company may charge its own fee to process the fingerprints.

Since the law requires applicants for licensure to submit a records check completed by both BCII and FBI, you **must** use the services of a "WebCheck" vendor that participates in the "National WebCheck." The Sheriff's offices in all 88 Ohio counties participate in the "National Web Check." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

**When locating an electronic fingerprinting site on this web page, please note that you must use the services of a vendor that has (NWC) listed after the vendor's name.** Only these entities participate in "National WebCheck." The Board does not endorse or recommend any specific electronic fingerprinting company.

**You need both the BCII and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from both the BCII and FBI.**

#### **Steps for "WebCheck"**

1. Identify a "WebCheck" vendor that participates in the "National WebCheck."
2. Submit your fee directly to the "WebCheck" vendor. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD.**
3. Request that the criminal records check results from both the BCII and FBI be sent directly to:  
Ohio Optical Dispensers Board  
77 South High St., 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108
4. List the reason for fingerprinting as: "Required for licensure per ORC 4725.501."
5. List the agency code as 1AB002
6. Write clearly in black ink, as unreadable cards will be rejected. Do not alter the card or boxes.

#### **Instructions for Individuals Residing More than 50 Miles From Ohio**

Individuals residing more than 50 miles from Ohio must contact the Board at odb@odb.ohio.gov or 614 466 9709 to request that the Board mail to you the appropriate forms to have your fingerprints taken at your local law enforcement agency. Any additional instructions will also be mailed.



- Application for (check one)**
- Spectacle License (S)  
 Contact Lens License (C)  
 Combination License (S/C)

**LICENSURE APPLICATION**

<b>Application Fee:*</b>	<b>January – March</b>	<b>\$50.00</b>
	<b>April – June</b>	<b>\$37.50</b>
	<b>July – September</b>	<b>\$25.00</b>
	<b>October – December</b>	<b>\$12.50</b>

**\*This Fee is Non-Refundable**

**MONEY ORDER/CERTIFIED CHECK ONLY**

**Make money order or**

**certified check payable to: Treasurer State of Ohio**

**And Mail To: Optical Dispensers Board  
 77 South High Street, 16<sup>th</sup> Floor  
 Columbus, OH 43215-6108**

**Personal/Business Checks will be returned.**

Staple original passport-size (2" x 2")  
 PHOTO taken within last six  
 months, facial width not less than  
 three-fourths inch. Please  
 print your name on back of photo.  
 Xerox or computer generated photos  
 will not be accepted.

**Your application must be accompanied by the following items:**

1. Application Fee
2. A recent **ORIGINAL** photograph (NO XEROX NOR COMPUTER GENERATED)
3. Copy of High School Diploma or G.E.D.
4. Notarized certification by licensed dispensing optician(s) for your two years of supervised experience. Name and dates must match your apprentice application forms on file at our office.

**OR**

**Official transcripts showing date of graduation from a two year optical program approved by this Board.**

5. Notification of your successful completion of the ABO or NCLE examination. **Must be original, no copies. This application must be submitted within one year of receiving notification that you successfully passed the ABO or NCLE examination.**

<b>IDENTIFICATION</b>			
Social Security Number*	Home Phone (    )	Work Phone (    )	
Name – Last	First	Middle	
Street Address			
City	State	Zip	County
Employer's Name			
Employer's Address – Street			
City	State	Zip	County
Date of Birth		Place of Birth (City, State)	
**Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other immigration status (attached copy of documentation)		<input type="checkbox"/> Alien lawfully admitted for permanent residency in the United States (attach copy of front and back of alien registration card)	

**Fingerprints submitted to BCII/FBI on \_\_\_\_\_  
 DATE**

**(PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR LICENSE IN THE SPACE BELOW)**

\*Provision of your social security number is mandatory for child support enforcement purposes, pursuant to R.C. 3123.50. In addition, the Federal Healthcare Integrity and Protection Data Bank, 42 U.S.C. § 1320a-7e (b), 5 U.S.C. § 552a and 45 C.F.R. pt. 61 also requires disclosure of your social security number and to process your license. \*\*Federal Law [8 USC § 1621] PRWORA limits the issuance of professional licenses to United States citizens or qualified aliens.

**EDUCATION (Must complete all sections.)**

**High School**

Name and Location	Date Graduated
Mandatory Copy of High School Diploma or G.E.D. is attached ____ Yes. If you are unable to locate your diploma, a letter from your school giving your graduation date or transcripts from your school that gives graduation date will be accepted.	

**College**

Name and Location	Degree	Dates Attended	
		From	To
Mandatory Original transcript is attached ____ Yes. If your transcript does not list a graduation date you will be required to submit an original transcript <b>with your graduation date on it</b> when you submit an application for licensure.			

**Experience**

IF YOU HOLD ANY PROFESSIONAL LICENSE ISSUED BY ANOTHER STATE, GIVE NAME OF STATE, LICENSE NUMBER, DATE OF ISSUE, AND TYPE.

AT THE PRESENT TIME, DO YOU HOLD A LICENSE FROM THIS BOARD? YES \_\_\_ NO \_\_\_ IF YES, GIVE LICENSE NUMBER AND DATE OF ISSUE \_\_\_\_\_

AT THE PRESENT TIME, ARE YOU REGISTERED AS AN APPRENTICE? YES \_\_\_ NO \_\_\_ IF YES, GIVE REGISTRATION NUMBER \_\_\_\_\_

**IF YOUR APPLICATION IS ON THE BASIS OF SUPERVISED EXPERIENCE:** Please list in chronological order.

DATES (MO/DAY/YEAR)		Registered Apprentice		NAME, ADDRESS AND PHONE OF EMPLOYER	FULL TIME	PART TIME
START	END	YES	NO			

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE APPROPRIATE SPACE AT THE RIGHT.**

	YES	NO
1. HAVE YOU EVER BEEN REFUSED A LICENSE OR HAD A LICENSE REVOKED OR SUSPENDED BY ANY STATE?		
2. HAVE YOU EVER BEEN NOTIFIED OF ANY CHARGES OR COMPLAINTS FILED AGAINST YOU WITH ANY BOARD, BUREAU, DEPARTMENT, AGENCY OR OTHER BODY WITH RESPECT TO A PROFESSIONAL LICENSE?		
3. HAVE YOU EVER BEEN CONVICTED, CRIMINALLY CHARGED, FOUND GUILTY OR ENTERED A GUILTY PLEA OF A VIOLATION OF FEDERAL LAW, STATE LAW, OR MUNICIPAL ORDINANCE OTHER THAN A MINOR TRAFFIC VIOLATION?		

**If the answer to any question is “yes”, please give complete details below including dates, county and state. Please attach a separate page if necessary.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF MORAL CHARACTER** (To be completed by **two persons** other than relatives, 18 years or older who have personally known the applicant for a period of not less than 3 years. The Board may call upon these Character References for further information or interview. Any misrepresentation will be construed as intent to defraud.)

I certify that I have been personally acquainted with \_\_\_\_\_ (applicant’s name)

For \_\_\_\_\_ years, and know him/her to be of good moral character.

\_\_\_\_\_

Print Name Complete Address

\_\_\_\_\_

Signature Date Phone Number

I certify that I have been personally acquainted with \_\_\_\_\_ (applicant’s name)

For \_\_\_\_\_ years, and know him/her to be of good moral character.

\_\_\_\_\_

Print Name Complete Address

\_\_\_\_\_

Signature Date Phone Number

**CERTIFICATION BY SUPERVISOR**

1. \*The Licensed Optician who signs this certification by supervisor form must be the same licensed optician who signed your apprentice registration application.
- 2.\*\*The dates worked must correspond with the date on your apprentice registration.
3. You must submit a certification by supervisor signed by each licensed optician you were registered under during your apprenticeship.
4. If you are in the employment and under the supervision of an Ophthalmologist or Optometrists at his/her office, you must have the doctor complete this form for 24 months of supervised experience.
5. If your application is on the basis of completion of a two year college level program in Optical dispensing in a Board approved school, you do not need to complete this form.

I, \* \_\_\_\_\_, of \_\_\_\_\_,  
(Name) (Business Name)  
\_\_\_\_\_ hereby certify that I am licensed as a(n) \_\_\_\_\_ in the State of \_\_\_\_\_.  
(Phone #)  
License Number \_\_\_\_\_ issued \_\_\_\_\_.

**Licensed Optician please complete this section:**

The applicant \_\_\_\_\_ has been under my supervision the following dates:  
(Name)

**Ophthalmologist or Optometrists please complete this section:**

The applicant \_\_\_\_\_ has been in the employment and under my supervision the  
(Name)  
following dates:

FROM\*\* \_\_\_\_\_ TO \_\_\_\_\_, and while under my supervision has engaged in the  
following activities incident to optical dispensing:


\_\_\_\_\_  
SIGNATURE

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

NOTARY SEAL \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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3. You must submit a certification by supervisor signed by each licensed optician you were registered under during your apprenticeship.
5. If you are in the employment and under the supervision of an Ophthalmologist or Optometrists at his/her office, you must have the doctor complete this form for 24 months of supervised experience.
5. If your application is on the basis of one-year completion of a college level program in Optical dispensing in a Board approved school, you do not need to complete this form.

I, \* \_\_\_\_\_, of \_\_\_\_\_,  
(Name) (Business Name)  
\_\_\_\_\_ hereby certify that I am licensed as a(n) \_\_\_\_\_ in the State of \_\_\_\_\_.  
(Phone #)  
License Number \_\_\_\_\_ issued \_\_\_\_\_.

**Licensed Optician please complete this section:**

The applicant \_\_\_\_\_ has been under my supervision the following dates:  
(Name)

**Ophthalmologist or Optometrists please complete this section:**

The applicant \_\_\_\_\_ has been in the employment and under my supervision the  
(Name)  
following dates:

FROM\*\* \_\_\_\_\_ TO \_\_\_\_\_, and while under my supervision has engaged in the  
following activities incident to optical dispensing:


\_\_\_\_\_  
SIGNATURE

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.

NOTARY SEAL \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**AFFIDAVIT OF APPLICANT (Must be sworn to in the presence of a Notary Public).**

I, \_\_\_\_\_, BEING DULY SWORN SAY THAT I AM THE PERSON REFERRED TO IN THIS APPLICATION AND THAT THE FOREGOING STATEMENTS ARE TRUE IN EVERY RESPECT, AND THAT THE ATTACHED PHOTOGRAPH IS A TRUE LIKENESS TAKEN WITHIN THE LAST SIX MONTHS.

I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM TRUTHFULLY AND COMPLETELY WITHOUT MENTAL RESERVATIONS OF ANY KIND.

I FULLY UNDERSTAND THAT FAILURE TO MAKE A FULL DISCLOSURE OF ANY FACT OR INFORMATION CALLED FOR MAY RESULT IN THE DENIAL OF MY APPLICATION.

I HEREBY AUTHORIZE ALL PERSONAL PHYSICIANS, EDUCATIONAL INSTITUTIONS, GOVERNMENTAL AGENCIES AND INSTRUMENTALITIES, MY REFERENCES, EMPLOYERS AND BUSINESS AND PROFESSIONAL ASSOCIATES (PAST AND PRESENT) TO RELEASE TO THE OHIO OPTICAL DISPENSERS BOARD ANY INFORMATION, FILES OR RECORDS REQUESTED BY THE BOARD IN CONNECTION WITH PROCESSING OF THIS APPLICATION.

THE PENALTY FOR WILLFULLY AND KNOWINGLY MAKING ANY FALSE STATEMENT ON THIS APPLICATION IS A FINE OF NOT MORE THAN SEVEN HUNDRED FIFTY DOLLARS, IMPRISONMENT FOR NOT MORE THAN NINETY DAYS, OR BOTH.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.

NOTARY SEAL \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_