

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342 | Voice and Fax Line: (870) 572-2847

APPLICATION FORM

Apprentice Dispensing Optician License

INSTRUCTIONS

**Apprentice Fee is temporarily reduced
to \$3.00**

**Check Payable to ARKANSAS
BOARD OF DISPENSING OPTICIANS**

**THIS APPLICATION WILL BE RETURNED IF QUESTION 1 IS
NOT COMPLETED PROPERLY.**

1. THE APPLICANT must submit TWO (2) WRITTEN LETTERS OF CHARACTER. If the Applicant is currently employed, one of these letters must be from your PRESENT employer stating actual LENGTH of EMPLOYMENT and DUTIES PERFORMED. The letter must be signed.
2. THE APPLICANT must include with the completed application a COPY of your
 - a. COLLEGE DIPLOMA and transcript of any college hours obtained, if applicable, OR
 - b. HIGH SCHOOL DIPLOMA or CERTIFICATE of GRADUATION and a copy of your high school transcript, OR
 - c. GED Certificate or equivalents thereof and a Letter of Recommendation from the GED Program from which certification was obtained (along with the GED scores).
3. THE APPLICANT must submit completed Supervision Agreement(s) from each Licensed or Registered Dispensing Optician under whose supervision they will dispense glasses. Quarterly Supervision Reports will be required upon approval of the Apprentice application.
4. EACH APPLICATION for Apprentice Licensure must be accompanied by a CHECK or MONEY ORDER in the amount of SIXTY DOLLARS (~~\$60.00~~) payable to the ARKANSAS BOARD OF DISPENSING OPTICIANS. Payment will not be accepted in any other other name.
5. THE APPLICANT must answer all application questions completely and legibly.
6. EACH APPLICATION must include a 1" X 1" COLOR PHOTO.
7. EACH APPLICATION must be SIGNED by the applicant.
8. EACH APPLICATION must be NOTARIZED.
9. EACH APPLICANT must include TWO (2) REFERENCES who may be reached by correspondence or telephone. This requirement is in addition to the two (2) Letters of Character required above.
10. EACH APPLICANT must include a completed Supervision Agreement for each Licensed/Registered Dispensing Optician under whose supervision they will be working.

APPLICATION FOR APPRENTICE LICENSE

ANSWER ALL QUESTIONS Please type or print clearly.

TODAY'S DATE: _____

Name: Please include First/Middle/Last Name _____

Address: (STREET and APT # or P. O. BOX): _____

City/State/Zip: _____

Date of Birth: _____ Present Age: _____ Social Security #: _____

Home Phone: (____) ____ - _____ Business Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

E-Mail Address: _____

1. Where are you currently employed (or will be employed) in a business which dispenses eyewear to the public in the State of Arkansas?

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE: _____ SUPERVISOR'S NAME: _____

Do you own this business? If yes, How Long? (years) ____ Yes No

Do you dispense eyewear to the public in the State of Arkansas? Yes No

Does your current employment include duties other than dispensing eyewear?
If yes, explain on a separate sheet of paper and attach.

2. Are you a high school graduate or GED equivalent? Yes No
If Yes, please note requirements listed in the INSTRUCTIONS of this packet.

3. Are you a graduate of an ACCREDITED school of Opticianry? Yes No

School Name: _____

School Address: _____

Graduation Date: _____

4. Do you hold a certificate of licensure, registration, or apprenticeship valid in another state? Yes No

If Yes, State: _____ Certificate #: _____

Date Issued: _____ Expiration Date: _____

LIST PREVIOUS EMPLOYMENT FOR THE PAST SIX (6) YEARS: (STARTING WITH CURRENT EMPLOYER).

1. _____ EMPLOYER CITY/STATE	FROM: _____ TO: _____ MM/YYYY MM/YYYY
2. _____ EMPLOYER CITY/STATE	FROM: _____ TO: _____ MM/YYYY MM/YYYY
3. _____ EMPLOYER CITY/STATE	FROM: _____ TO: _____ MM/YYYY MM/YYYY
4. _____ EMPLOYER CITY/STATE	FROM: _____ TO: _____ MM/YYYY MM/YYYY
5. _____ EMPLOYER CITY/STATE	FROM: _____ TO: _____ MM/YYYY MM/YYYY
6. _____ EMPLOYER CITY/STATE	FROM: _____ TO: _____ MM/YYYY MM/YYYY

LIST TWO REFERENCES: Must be able to contact my phone and mail. These references must be different that the two CHARACTER Letters also requested.

1. _____ NAME STREET ADDRESS CITY/STATE/ZIP

PHONE/EMAIL
2. _____ NAME STREET ADDRESS CITY/STATE/ZIP

PHONE/EMAIL

I, the undersigned APPLICANT, do hereby certify that the above information submitted for purposes of examination for Licensure or Registration as a Dispensing Optician pursuant to Ark. Code Ann. § 17-89-101 et seq, is true and correct. I further understand that if the information given is not true or correct, that pursuant to ARK. CODE ANN. §§ 17-89-101 ET SEQ. AND THE RULES OF THE ARKANSAS BOARD OF DISPENSING OPTICIANS, any license, or registration issued may be suspended or revoked and that criminal penalties may also apply.

(Signature of Applicant)

(Print Name)

Subscribed and sworn to, before me, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____