

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627

Helena, AR 72342

Voice and Fax Line: (870) 572-2847

APPLICATION FOR LICENSE EXAMINATION¹

INSTRUCTIONS

1. THE APPLICANT must submit TWO (2) LETTERS OF CHARACTER.
 - a. For the APPRENTICE DISPENSING OPTICIAN, one of these letters must be from your CURRENT or MOST RECENT SUPERVISING LICENSED/REGISTERED DISPENSING OPTICIAN.
 - b. For the APPLICANT submitting pursuant to work supervised by an Optometrist or Physician skilled in diseases of the eye, one of these letters must be from your CURRENT or MOST RECENT Optometrist or Physician skilled in diseases of the eye for which you were employed.
 - c. For the APPLICANT submitting pursuant to educational background, one letter must be from a member of the faculty from your ACCREDITED educational program.
2. THE APPLICATION must include a COPY of
 - a. Any college transcript or
 - b. COPY of your HIGH SCHOOL DIPLOMA, CERTIFICATE of GRADUATION, GED Certificate or equivalents thereof.
 - c. High School Diploma or Certificate of Graduations **must be accompanied by a copy of the Applicant's High School Transcript.**
 - d. Applicants with GED Certificates must submit a Letter of Recommendation from the certifying GED Program attended.
3. SUPERVISION REQUIREMENTS
 - a. The APPRENTICED DISPENSING OPTICIAN APPLICANT must include the **ORIGINAL** Quarterly Supervision Reports totaling Four Thousand Eight Hundred (4800) supervision hours to qualify to sit for the Examination.²
 - b. The APPLICANT submitting hours obtained while employed by an Optometrist or Physician skilled in the diseases of the eye must submit completed SUPERVISION AFFIDAVITS verifying sufficient hours of supervision for the applicant to sit for the Examination.
4. THE APPLICATION for Examination must be accompanied by a check of MONEY ORDER for the amount of **TWO HUNDRED FIFTY DOLLARS (\$250.00)**. **Checks MUST be payable to:**

ARKANSAS BOARD OF DISPENSING OPTICIANS

5. THE APPLICATION MUST INCLUDE A 1" X 1" COLORED PHOTO of the APPLICANT.
 6. THE APPLICATION must be SIGNED by the APPLICANT.
 7. THE APPLICATION must be NOTARIZED.
 8. THE APPLICATION must include proof of passing the ABO EXAMINATION
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TEST APPLICATION QUESTIONNAIRE

ANSWER ALL QUESTIONS

Please type or print clearly.

TODAY'S DATE _____ TESTING DATE APPLIED FOR _____

Are you applying for status as: Licensed. Registered

Name: _____
(FIRST) (MIDDLE) (LAST)

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

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

(CITY) (STATE) (ZIP)

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

Cell Phone: (____) ____ - _____ E-Mail Address _____

1. Are you currently employed in a business which dispenses eyewear to the public in the State of Arkansas? yes no If yes, please list:

- _____
NAME OF BUSINESS SUPERVISOR'S NAME

ADDRESS, CITY, STATE, ZIP (PHONE)
- Do you own this business? Yes; No. If yes, How Long? (years) _____
- Do you dispense eyewear to the public in the State of Arkansas? Yes No.
- Does your current employment include duties other than dispensing eyewear? Yes NO. **If yes**, Explain on a separate sheet of paper and attach.

If your answer to Question 1 is No, please respond to the following:

- Do you currently dispense eyewear to the public in the State of Arkansas? Yes No. **If yes**, Explain on a separate sheet of paper and attach.
- How long have you dispensed eyewear in the State of Arkansas? (Yrs/Mos) _____
- Have you dispensed eyewear to the general public anywhere in the last 5 years? Yes No **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 attending college or have a college degree? Yes; No. If Yes, please note requirements listed in the INSTRUCTIONS of this packet.
4. Are you a graduate of an ACCREDITED school of Opticianry? yes no

School Name: _____

School Address: _____

Graduation Date: _____

Please attach copy of diploma or certificate of completion AND transcript.

5. YOU MUST BE ABO CERTIFIED

Date of certificate: _____

- CERTIFICATE NUMBER: _____

6. Do you hold a certificate of licensure, registration, or apprenticeship valid in another state? []
Yes [] No If yes,

- State: _____
- Certificate #: _____
- Date Issued: _____
- Expiration Date: _____

7. Are you seeking reciprocity? [] Yes [] No. If YES,

- Does the state you are licensed in use the ABO examination? [] Yes [] No
- Does the state you are licensed in have a practical examination? [] Yes [] No.
- Does the state you are licensed in grant reciprocity to Dispensing Opticians licensed by the State of Arkansas? [] Yes [] No If yes, please provide a letter from the licensing authority stating reciprocity is available to an Arkansas licensed dispensing optician.

8. List your Apprentice Certificate Number and date received _____

9. If you work for an Ophthalmologist or Optometrist, please list their name, address, and license number.

Name/Title: _____

License # _____

Name of company or business: _____

Address/Phone: _____

LIST PREVIOUS EMPLOYMENT FOR THE PAST SIX (6) YEARS: (STARTING WITH CURRENT EMPLOYER) ENCLOSE COPY OF W-2 FORMS FOR PERIOD OF TIME WORKING AS A DISPENSING OPTICIAN unless submitting Quarterly Supervision Reports sufficient to prove Four Thousand Eight Hundred (4800) hours of actual dispensing experience or testing pursuant to educational qualifications.

1. _____ FROM: _____ TO: _____
(EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

2. _____ FROM: _____ TO: _____
(EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

3. _____ FROM: _____ TO: _____
(EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

4. _____ FROM: _____ TO: _____
(EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

5. _____ FROM: _____ TO: _____
(EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

6. _____ FROM: _____ TO: _____
(EMPLOYER) (CITY)(STATE) (MM/YYYY) (MM/YYYY)

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

1. _____
(NAME) (STREET ADDRESS)

(CITY) (STATE) (ZIP) (PHONE)

2. _____
(NAME) (STREET ADDRESS)

(CITY) (STATE) (ZIP) (PHONE)

AFFIDAVIT FOR EXAMINATION
FOR LICENSURE OR REGISTRATION

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 Anno. § 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 ANNO. §§ 17-89-101 ET SEQ. AND THE RULES AND REGULATIONS 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: _____