

ARKANSAS BOARD OF DISPENSING OPTICIANS

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

APPLICATION FOR LICENSE EXAMINATION

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. These letters must be signed.
 - 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. COPY of your HIGH SCHOOL TRANSCRIPT stating the date of GRADUATION, CERTIFICATE of GRADUATION, GED Certificate or equivalents thereof, and copy of GED scores.

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 or 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

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: 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. 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: _____

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.

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?
If yes, explain on a separate sheet of paper and attach. Yes No

How long have you dispensed eyewear in the State of Arkansas? Years/Months _____

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/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: _____