INFORMATION AND INSTRUCTIONS FOR LICENSURE

1. All applicants **must** have passed the National Competency Examination administered by the American Board of Opticianry (ABO) **YOU MUST INCLUDE A COPY OF THE ABO and NCLE SCORES OR CERTIFICATE WITH YOUR APPLICATION.** **YOU MUST COMPLETE THE 6000 HOURS OF APPRENTICESHIP IN NO LESS THAN THREE YEARS TIME AND THE ABO AND NCLE MUST BE PASSED.** The ABO / NCLE is located at 109341 Democracy Lane, Fairfax VA 22030. Call (703) 719-5800 to schedule an appointment to take the examination.

2. The examination for ABO and NCLE is held twice a year. To receive an application or information on scheduling, see #1.

3. Experience in a wholesale RX Lab, or under a non-licensed optical trainer, will **not be accepted** by the Board for licensure eligibility.

4. You must obtain a copy of the Board Rules and Regulations by calling or writing to request Document 235CMR from the: State House Book Store, State House, Room 116, Boston, MA 02133 (617) 727-2834 or download the information from our website: www.state.ma.us/reg/do

5. All applicants must include their Apprenticeship Certificate or proof of graduation from an approved school of Opticianry with their application.

6. You must include a letter from the optician or optometrist you worked under, on their letterhead, stating the areas covered during your 6000 hours (or the amount of hours for which they are signing if you worked for more than one supervisor) during the **no less than three** year period of apprenticeship.

7. Attach a check or money order payable to the Commonwealth of MA in the amount of **FIFTY-NINE ($59.00)** for your application/license/wall certificate fee.

8. Once you have completed all of the above you will receive a letter explaining how to become scheduled to take the next available Practical Exam. (This is required for all who complete their apprenticeship and pass the ABO / NCLE after March 1, 2001) Exams are **twice a year** ,March and September. As of **2008**

9. If you are licensed by another state you must include a verification letter from that state and a photocopy of your current license.

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED**
Commonwealth of Massachusetts
Division of Professional Licensure
Board of Dispensing Opticians
1000 Washington Street, 7th Floor
Boston, MA 02118
www.state.ma.us/reg
(617) 727-5339
Application for Licensure

1. Applicant
   Name: ____________________________________________
   Last  First  Middle

2. Maiden
   Name: ____________________________________________

3. Permanent
   Address: __________________________________________
   Street
   Apt. #
   City/Town   State   Zip Code

4. Home Phone ________________________________

5. Mailing Address (If different):
   __________________________________________
   Street                       Apt#
   City/Town                   State   Zip Code

6. Business Name and Address:
   __________________________________________
   Street  City  State  Zip Code
Business telephone number_______________________________

7. Date of Birth:__________ 8. Place of Birth:______________________________

9. Social Security number (mandatory)

Pursuant to G.L.c.62C, s 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth of Massachusetts. The 1st five-digits of social security number will be redacted from your application for your protection.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the type/class and the status of your license and any relevant disciplinary information.

________________________________________________________________________

________________________________________________________________________

11. Has a licensing/certification or regulatory agency located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? Yes:__ No:____

If yes, please state the details (attach a separate sheet if necessary): ______________

________________________________________________________________________

12. Are you the subject of pending disciplinary actions by a licensing/certification board or regulatory agency located in the United States or any country or foreign jurisdiction? Yes:__ No:____ If yes, please state the details (attach a separate sheet if necessary): ______________

________________________________________________________________________

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board or regulatory agency in the United States or any country or foreign jurisdiction? Yes:__ No:____ If yes, please state the details (attach a separate sheet if necessary): ______________

________________________________________________________________________

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes:__ No:____

If yes, please state the details (attach a separate sheet if necessary):

________________________________________________________________________

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than $100.00 was assessed? Yes:________ No:______
The Board is certified by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

16. Education: List name of school(s), address, major courses, dates attended, and degree awarded.

High School

College or University:

Other:

17. Certification of Apprenticeship: (Final Sponsor)

I _____________________________ , certify that ________________________ served as a Dispensing Optician and license # ____________________________ located at ____________________________ from ___________ to __________________ and completed Business Address        Starting Date      Completion Date ___________

and is a proper person to be licensed as a registered dispensing optician. Weekly Hours.

__________________________________  ______________________________
Signature of Dispensing Optician   Day Telephone Number

(If more than one person the information is to be covered by the individual credit letters that you must include with your application.)

18. I certify, under the pains and penalties of perjury, that the information I have provided in this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Dispensing Opticians to deny me the right to sit for the licensure examination; to deny my application for licensure; or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

__________________________________  ______________________________
19. NOTARIZATION (Required by all applications)

The applicant named on this application agrees to abide by the rules and regulations for licensing for Dispensing Opticians as contained in Chapter 265 of the Code of and attest that all statements made herein are truthful and are made under the pains of perjury.

<table>
<thead>
<tr>
<th>Applicants Signature-Signed in the presence of a Notary</th>
<th>Date of Notarization</th>
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</thead>
<tbody>
<tr>
<td>Name of Notary Public</td>
<td>Signature of Notary</td>
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My commission expires on (date)

**SEAL/STAMP**