

## Information and Instructions for Licensure

1. All applicants **must** have passed the National Competency Examinations (ABO and NCLE) administered by the American Board of Opticianry. **YOU MUST INCLUDE A COPY OF THE ABO and NCLE SCORES OR CERTIFICATE WITH YOUR APPLICATION.** The examination for ABO and NCLE is held four times a year. You may contact ABO / NCLE at 109341 Democracy Lane, Fairfax VA 22030. Call (703) 719-5800 to schedule an appointment to take the examination.
2. **APPLICANTS MUST HAVE ACCOMPLISHED ONE OF THE FOLLOWING:**
  - a. Completed 4200 hours of apprenticeship in no less than three years time,
  - b. Have graduated from a two-year educational program in opticianry which is accredited by the Commission on Opticianry Accreditation or
  - c. Completed one year of an educational program which is accredited by the Commission on Opticianry Accreditation Plus 2100 hours of apprenticeship in no less than eighteen months.
3. Experience in a wholesale RX Lab, or under a non-licensed optical trainer, or work done outside of an approved apprenticeship or approved academic program 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: <http://www.mass.gov/ocabr/licensee/dpl-boards/do/regulations/rules-and-regs/>
5. All applicants must include their Apprenticeship Certificate **or** transcripts 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 4200 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. Exams are offered two times a year.
9. If you are licensed by another state you must include an official verification letter in an unopened sealed envelope from that state and a photocopy of your current license.



8. Business Name & Address: \_\_\_\_\_

Street

\_\_\_\_\_  
City/Town

State

Zip Code

9. Business Phone Number: \_\_\_\_\_

10. Social Security Number (*mandatory*): \_\_\_\_\_

*Pursuant to G.L.c.62C, s 47A, the Division of Professional Licensure 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 first five-digits of the social security number will be redacted from your application for your protection.*

11. 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.

\_\_\_\_\_  
\_\_\_\_\_

12. 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*):

\_\_\_\_\_

13. 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*):

\_\_\_\_\_

14. 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*):

\_\_\_\_\_

15. 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*):

\_\_\_\_\_

16. 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: \_\_\_\_\_

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

\_\_\_\_\_

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

High School: \_\_\_\_\_

College or University: \_\_\_\_\_

Other: \_\_\_\_\_

18. Certification of Apprenticeship: (Final Sponsor)

I, \_\_\_\_\_  
Name License Number Profession

Certify that \_\_\_\_\_ served as a an apprentice dispensing optician  
Name of Applicant

under my supervision at \_\_\_\_\_  
Business Name

located at: \_\_\_\_\_  
Street

\_\_\_\_\_

City/Town

State

Zip Code

from: \_\_\_\_\_ to: \_\_\_\_\_ and \_\_\_\_\_  
Start Date Completion Date Weekly Hours

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

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Daytime Phone Number

**(If applicant had more than one sponsor, the additional information about those sponsorships will be provided on the individual credit letters that must be included with the application.)**

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

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

**NOTARIZATION**

On this \_\_\_ day of \_\_\_\_\_, 20\_\_, before me, \_\_\_\_\_ the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory **evidence of government issued identification**, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

\_\_\_\_\_ Notary's signature Seal of Notary

**BOARD OF REGISTRATION OF DISPENSING OPTICIANS  
CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                                      \*First Name                                      Middle Name                                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DPL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

Passport    State-issued driver's license    Military identification    State-issued identification card

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DPL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DPL Employee                                      Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

Passport    State-issued driver's license    Military identification    State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:                                      Notary Commission Expires On

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).