

2022-2023 RENEWAL APPLICATION

Date _____

You are applying to renew your certification as a(n):

() Licensed () Registered () Apprentice Optician

Certificate Number _____ Date of Issue _____

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

Date of Birth: _____ Social Security # _____

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

(CITY) (STATE) (ZIP)

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

Fax Phone: (____) _____ - _____ Cell: _____

YOU MUST INCLOSE PROOF OF YOUR FOUR EDUCATIONAL HOURS

EMPLOYER INFORMATION: (If self employed, skip to Business Information).

Name of Business: _____

Name of Business Owner: _____
(FIRST) (MIDDLE) (LAST)

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

Business Physical Address: _____
(CITY) (STATE) (ZIP)

Business Mailing Address: _____
(CITY) (STATE) (ZIP)

Business Phone: (____) _____ Business E-Mail: _____

BUSINESS INFORMATION

Name of Business: _____

Name of Business Owner/Title: _____
(FIRST) (MIDDLE) (LAST) (Title)

Name of Business Manager/Title: _____
(FIRST) (MIDDLE) (LAST) (Title)

Business Physical Address: _____
(CITY) (STATE) (ZIP)

Business Mailing Address: _____
(CITY) (STATE) (ZIP)

Business Phone: (____) _____ Business E-Mail: _____

Are you employed by an Arkansas licensed optometrist or physician skilled in the diseases of the eye?
() yes () no

IF YOU ARE A LICENSED OR REGISTERED OPTICIAN, LIST BELOW THE NAMES AND CERTIFICATE NUMBERS OF THE APPRENTICE OPTICIANS WHO ARE WORKING UNDER YOUR DIRECT PERSONAL SUPERVISION.

| | |
|------------|--------------------------|
| Name _____ | Certificate Number _____ |
| Name _____ | Certificate Number _____ |
| Name _____ | Certificate Number _____ |
| Name _____ | Certificate Number _____ |

IF YOU ARE AN APPRENTICE OPTICIAN, LIST BELOW THE NAMES AND CERTIFICATE NUMBERS OF THE LICENSED OR REGISTERED OPTICIAN SUPERVISING YOU AS AN APPRENTICE OPTICIAN.

| | |
|------------|--------------------------|
| Name _____ | Certificate Number _____ |
| Name _____ | Certificate Number _____ |
| Name _____ | Certificate Number _____ |
| Name _____ | Certificate Number _____ |

If you work in more than one location complete the information below.

Location 2: If you work at more than 2 locations, please list on another sheet an enclose with renewal

Name of Business: _____

Name of Business Owner/Title: _____
(FIRST) (MIDDLE) (LAST) (Title)

Name of Supervisor/Title: _____
(FIRST) (MIDDLE) (LAST) (Title)

Business Physical Address: _____

(CITY) (STATE) (ZIP)

Business Mailing Address: _____

(CITY) (STATE) (ZIP)

Business Phone: (_____) _____ Business E-Mail: _____

AFFIDAVIT FOR LICENSE RENEWAL

I, the undersigned applicant for renewal of licensure, hereby certify that the information on this renewal form submitted for purpose of renewal of my licensure, registration, or apprenticeship pursuant to Ark. Code Anno. § 17-89-101 et seq. is true and correct. I further understand that if the information is not true and correct that pursuant to the Section 15 of the Rule of the Arkansas Board of Dispensing Opticians any license, registration or apprentice issued to me may be suspended or revoked and that criminal penalties may also apply.

(Signature of applicant)

(Date)