RENEWAL FEE $3.00 IF PAYMENT RECEIVED BY JUNE 10, 2026

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342 | Fax: (870) 572-2847 Cell (601) 954-1278

RENEWAL FORM FOR:

LICENSED DISPENSING OPTICIAN
REGISTERED DISPENSING OPTICIAN
APPRENTICE DISPENSING OPTICIAN

1. Please type or print clearly.

2. Answer ALL Questions

3. **Do not duplicate addresses.** Your home address, business and/or employer's address must be included on this renewal form. PLEASE USE THE EMAIL ADDRESS YOU WANT YOUR BOARD MAIL TO BE SENT.

4. Each renewal application must be accompanied by a check or money order in the amount of $3.00 IF RECEIVED BY JUNE 10, 2026 $60.00 (sixty dollars) AFTER JUNE 10, payable to the Arkansas State Board of Dispensing Opticians and a 1" X 1" colored photo. **If the photo is too large to be used on the badge or your application is incomplete or the wrong renewal fee enclose your application will be returned and you will not receive your new badge by 7/1/2026**.

5. Pursuant to Ark. Code Ann. And Board Rule 11.2 § 17-89-308 (b), you must include proof of FIVE (5) hours of live continuing education credits obtained during July 1, 2024 and June 30, 2026 ONE HOUR MUST BE LAW. **YOU MUST ENCLOSE THE PROOF OF ATTENDANCE SLIP THAT YOU WERE GIVEN AT THE MEETING YOU ATTENDED TO RECEIVE THESE HOURS. THIS IS THE ONLY PROOF OF EDUCATION FORM THAT WILL BE ACCEPTED. IF PROOF OF EDUCATION IS NOT INCLUDED, APPLICATION WILL BE RETURNED.**

6. The effective dates of the renewal badge are July 1, 2026, through June 30, 2027. Your renewal application, 1" X 1" colored photo, and $3.00 (three dollar) payment must be postmarked or received by the Board Office no later than June 10, 2026. Upon verification of your renewal application, fee payment and continuing education hours, a renewal badge will be mailed to the home address listed on your renewal application. **IF RENEWAL IS RETURNED FOR BEING INCOMPLETE, PENALTY WILL APPLY**. You must wear this badge any time you are working as a dispensing optician July 1, 2026 - June 30, 2027. **YOUR BADGE WILL NOT BE RENEWED IF YOUR QUARTERLY SUPERVISION REPORTS ARE NOT ON FILE.**

7. If you fail to complete renewal of your license before July 1 your certificate is INVALID and you MAY NOT DISPENSE EYEWEAR in the State of Arkansas. To do so will be considered to be practicing without a license.

8. Your renewal application must be received (or postmarked) with renewal fee no later than June 10, 2026. If your renewal application is postmarked after June 10, 2026 and is received in the Board Office after June 30, 2025, the following penalties apply and must be paid prior to renewal of your license. If you know your registration is late, please include the penalty payment with your application fee. Late penalties will be strictly enforced. To avoid late penalty the Board Office must receive your completed renewal application and fee by June 30, 2025.

Payment Received:	July 1 – July 31, 2026	ADD $25.00 + $60 Renewal Fee =	$85.00
	August 1 – August 31, 2026	ADD $50.00 + $60 Renewal Fee =	$110.00
	September 1 – September 30, 2026	ADD $75.00 + $60 Renewal Fee =	$135.00

9. Pursuant to Board Rule 11.9, if said licensed, registered, or apprentice certificate is not renewed and the penalty paid by September 30, 2025, the licensed, registered, or apprentice certificate will become inactive. **You MAY NOT DISPENSE EYEWEAR in the State of Arkansas. To do so will be considered to be practicing without a license. An inactive licenses may be subject to reinstatement for a period of two (2) years pursuant to Board Rule 11.9.4.**

10. If your method of payment is returned from the State Treasury for any reason, you will be considered dispensing without a license and the late penalties will apply.

RETURN APPLICATION TO: Arkansas State Board of Dispensing Opticians
Post Office Box 627
Helena, Arkansas 72342

2026-2027 RENEWAL APPLICATION

ANSWER ALL QUESTIONS Please type or print clearly.

TODAY'S DATE: _____ I HAVE READ BOTH INSTURCTION LETTERS ENCLOSED _____

You are applying to renew your certification as a(n): ☐ LICENSED ☐ REGISTERED ☐ APPRENTICE OPTICIAN

Certificate #:_____ Date of Issue:_____

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: _____

YOU MUST INCLUDE PROOF OF YOUR FIVE EDUCATIONAL HOURS ONE HOUR MUST BE LAW

EMPLOYER INFORMATION (If self-employed, skip to business information)

Name of Business: _____

Name of Owner of Business: _____ Name of Supervisor: _____

Business Physical Address (Include CITY/ST/ZIP): _____

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

City/State/Zip: _____

Business Phone: _____ Business Email: _____

BUSINESS INFORMATION:

Name of Business: _____

Name of Owner of Business: _____ Name of Supervisor: _____

Business Physical Address (Include CITY/ST/ZIP): _____

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

City/State/Zip: _____

Business Phone: _____ Business Email: _____

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 CERTIFICATES NUMBERS OF THE APPRENTICE OPTICIANS (AND/OR OD/MD) WHO ARE WORKING UNDER YOUR DIRECT PERSONAL SUPERVISION.

NAME	CERTIFICATE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

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

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

BUSINESS INFORMATION:

Name of Business: _____

Name of Owner of Business: _____ Name of Supervisor: _____

Business Physical Address (Include CITY/ST/ZIP): _____

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

City/State/Zip: _____

Business Phone: _____ Business 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 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 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)

_____
(Date)