



Dispensing Opticians Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Dispensing Optician License Endorsement Addition/Change Application Instructions

A dispensing optician may use this form to add a contact lens endorsement or spectacles endorsement to the dispensing optician's existing current Alaska license, in accordance with 12 AAC 30.105.

Read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application. If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, contact the division.

The following must be received by the division before your application for Dispensing Optician License Endorsement Addition/Change can be reviewed:

1. APPLICATION

A signed, completed application (#08-4957, pages 1-3).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$ 50.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4957a).

4. EXAMINATION RESULTS

Verification of passing the applicable examination under AS 08.71.090 and maintaining the certification for spectacles or contact lenses, or both, sent directly to the division from the American Board of Opticianry or the National Contact Lens Examiners.

5. VERIFICATION OF WORK EXPERIENCE

A completed Verification of Work Experience form (#08-4957b) verifying 1,800 hours as a practicing optician in spectacles and/or 1,800 hours as a practicing optician in contact lenses or a total of 3,600 hours as a practicing optician in both aspects, in good standing in a state, territory, district, or possession of the United States.

- OR -

A completed Apprentice Termination of Sponsorship/Verification of Training form (#08-4957c) verifying at least 1,800 hours of training in spectacles and/or 1,800 hours of training in contact lenses or a total of 3,600 hours of training in both aspects as an apprentice after registering with the department as an apprentice.

Note: Graduation from an associate degree program in a recognized school or college of opticianry may be substituted for the experience required by AS 08.71.110(a)(2). If you choose this option in lieu of the experience requirement, you must submit an official transcript which must be sent directly from the recognized school or college to the State of Alaska.

6. COURSE COMPLETION

Verification of passing the Ophthalmic Career Progression Program (OCP) sponsored by the National Academy of Opticianry (NAO) or another approved program that the department determines is equivalent for spectacles and/or the Contact Lens Society of America (CLSA), Contact Lens Manual: Volume 1, A Comprehensive Study and Reference Guide for contact lens.

Note: Graduation from an associate degree program in a recognized school or college of opticianry may be substituted for the experience required. If you choose this option in lieu of the experience requirement, you must submit an official transcript which must be sent directly from the recognized school or college to the State of Alaska.



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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Dispensing Optician License Endorsement Addition/Change Application

PART I Application Type

Currently Have:	<input type="checkbox"/> Spectacles Endorsement	<input type="checkbox"/> Contact Lenses Endorsement
Applying For:	<input type="checkbox"/> Spectacles Endorsement	<input type="checkbox"/> Contact Lenses Endorsement

PART II Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$ 50.00
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PART III Personal Information

Full Legal Name:		AK License Number:	
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

PART IV Alaska Law

<input type="checkbox"/> I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.71 and 12 AAC 30).
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PART V Education

List the name and address of the high school attended and any other education programs attended.

Name of School	Address	Degree Awarded	Date Awarded

PART VI Work History

In chronological order from most recent, list all relevant or related employment held in the past three years, or 1,800 hours of training. *Print additional pages as needed.*

Start Date	End Date	Name of Optical Company	Hours Earned

PART VII Exam and Course Information

To dispense spectacles: Alaska requires completion of the OCPP course and passage of the National Opticianry Competency Examination (NOCE or ABO) or an equivalent written exam.

To dispense contact lenses: Alaska requires completion of the Contact Lens Manual: Volume 1 course and passage of the NCLE exam.

Exam / Certification	Completed?	Date Completed	State	Number (If Applicable)
ABO Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No			
NCLE Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OCPP Course	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CLSA Contact Lens Manual: Volume 1	<input type="checkbox"/> Yes <input type="checkbox"/> No			



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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART VIII Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a dispensing optician license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Verification of Work Experience

→ **Applicant:** Complete the top section of this form and forward a copy to your present or former employer. Your employer(s) must verify 1,800 hours of work as a dispensing optician in good standing.

Applicant Name:			
Applicant Signature:		Date Signed:	

→ **Employer:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska Dispensing Opticians Program at the letterhead address.

Name of Business:		Phone Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Employment Begin Date:		Employment End Date:	
Experience: *	<input type="checkbox"/> Dispensing Spectacles Only	<input type="checkbox"/> Dispensing Contacts Only	Total Hours:

**If work experience was in both Spectacles AND Contact Lenses, a separate Verification of Work Experience form must be completed for each aspect.*

Supervisor Name:		License Number:	
License Type:		State of Licensure:	
Comments:			

Notarized Signature

I hereby certify the above employee worked for this employer as a competent, ethical dispensing optician and the above information is true and correct to the best of my knowledge.

Notary Stamp	Printed Name:		Title:	
	Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Apprentice Termination of Sponsorship/Verification of Training

12 AAC 30.110(d) requires that within 30 days of termination or completion of apprentice training, the supervisor must notify the department in writing. Complete this form in its entirety and submit it to the address above. If a section does not apply, write "N/A". If you have zero hours to report, you still need to submit this form in order to terminate the apprenticeship. Dispensing Opticians can have only TWO apprentices at any given time (AS 08.71.160(b)). There is no limit to the number of apprentices for optometrists or medical physicians (MD/DO). Alternate sponsors should also use this form for hours completed. Incomplete Apprentice Termination forms will be returned.

This form must be completed AND submitted by your supervisor(s). It cannot be submitted by the apprentice.

PART I Terminate Apprenticeship

Terminate Apprenticeship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART II Personal Information

Apprentice Name:		License Number:	
Business Name:		Phone Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Supervisor Name:		License Number:	
License Type:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Dispensing Optician <input type="checkbox"/> MD/DO		
If Dispensing Optician, Licensed For:	<input type="checkbox"/> Contacts <input type="checkbox"/> Spectacles <input type="checkbox"/> Both		
Contacts Training Start Date:	Contacts Training End Date:	Total Hours of Contacts Training:	
Spectacles Training Start Date:	Spectacles Training End Date:	Total Hours of Spectacles Training:	
Comments:			

PART III Spectacles Training

Identify any skills or operations you have personally observed. 12 AAC 30.120(a)(1)-(14):

(a) Apprenticeship training under AS 08.71.110 relating to spectacles must include instruction in the following subject areas. Initial each area the apprentice has been trained in.

Subject Area	Supervisor Initials
1. Customer relations, including communication and interaction	
2. Knowledge and application of basic optical concepts and principles;	
3. Knowledge and application of practical anatomy and physiology	
4. Knowledge and implications of common ophthalmic disorders	
5. Knowledge of frame and lens materials and application of materials based on the selection of ophthalmic products	
6. Applicable laws and regulations relating to the practice of dispensing opticianry in the state	
7. Customer instruction on the care and use of ophthalmic products, with emphasis on health and safety	
8. Interpretation of prescriptions	
9. Proper fitting of spectacles to the customer	
10. Selection of spectacles with consideration of the customer's lifestyle, occupation, cosmetic needs, and the availability of ophthalmic products	
11. Knowledge and application of instruments and measurements necessary to fit or adjust spectacles to the customer	
12. Knowledge and use of optical equipment to verify specifications of optical goods, including a lensometer, calipers, lens clock, and other measuring devices	
13. Management skills necessary for record keeping, billing, and the ordering of optical goods and supplies	
14. Knowledge and use of aseptic techniques	

PART IV Contact Lens Training

Identify any skills or operations you have personally observed. 12 AAC 30.120(b)(1)-(14):

(b) Apprenticeship training under AS 08.71.110 relating to contact lens must include instruction in the following subject areas. Initial each area the apprentice has been trained in.

Subject Area	Supervisor Initials
1. Customer relations, including communication and interaction	
2. Knowledge and application of basic optical concepts and principles;	

PART IV Contact Lens Training *(continued)*

3. Knowledge and application of practical anatomy and physiology	
4. Knowledge and implications of common ophthalmic disorders	
5. Applicable laws and regulations relating to the practice of dispensing opticianry in the state	
6. Interpretation of prescriptions	
7. Obtaining and documenting the customer's relevant medical history through oral interview and records	
8. Assessment of the technical aspects of the customer's ocular status for contact lens wear by using instruments or other methods to determine appropriate contact lens options	
9. Knowledge of instruments used to determine the customer's contact lens options, including proper calibration of instruments, evaluation of instrument readings and application to the customer's needs	
10. Selection of contact lens material and design based on previously gathered information to conduct diagnostic lens evaluation, if trial fitting is deemed beneficial	
11. Insertion of trial contact lens material and evaluation of subjective and objective findings to determine appropriate lens selection	
12. Determination of contact lens parameters using the results obtained from the diagnostic contact lens trial fitting and evaluation of the objective findings and the customer's subjective responses to fitting so that the appropriate contact lens may be ordered	
13. Knowledge of instruments and recognized standards necessary to verify contact lens parameters by comparing contact lens ordered to assure accuracy	
14. Education of the customer on all aspects of contact lens wear including disinfection, storage, care, maintenance of contact lenses and supplies, and wearing schedules by providing verbal and written instructions and hands on practice with contact lenses to encourage compliance	

Notarized Signature

I hereby certify the above apprentice received the hours of training listed above in accordance with 12 AAC 30.120 and I have complied with the supervision of apprentice requirements in accordance with 12 AAC 30.125. I understand this report is subject to audit, and I have completed the Check Sheet Verification form (#08-4955c) in accordance with 12 AAC 30.120.

Notary Stamp	Printed Name:		Title:	
	Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		