

9 In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-D for each school.** If educated outside the United States, also list primary education and qualification. Please print. Attach additional sheets if necessary.

A. NAME OF SCHOOLS ATTENDED AND LOCATIONS	B. NUMBER OF YEARS ATTENDED	C. ATTENDANCE		D. TITLE OF DIPLOMA OR DEGREE OBTAINED
		Entrance Date	Leaving Date	
<p>High School/ Secondary School</p> <p>_____ School Name</p> <p>_____ City</p> <p>_____ State/Country</p> <p>_____ School Name</p> <p>_____ City</p> <p>_____ State/Country</p>	B	<p>____/____/____ mo yr C mo yr</p>	D	
<p>_____ School Name</p> <p>_____ City</p> <p>_____ State/Country</p>		<p>____/____/____ mo yr C mo yr</p>		
<p>Professional School</p> <p>_____ School Name</p> <p>_____ City</p> <p>_____ State/Country</p> <p>_____ School Name</p> <p>_____ City</p> <p>_____ State/Country</p>	B	<p>____/____/____ mo yr C mo yr</p>	D	
<p>_____ School Name</p> <p>_____ City</p> <p>_____ State/Country</p>		<p>____/____/____ mo yr C mo yr</p>		

10 CHILD SUPPORT OBLIGATION:

Everyone applying for or renewing a professional license, permit, or registration must file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver's licenses.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A I am not under an obligation to pay child support;

OR

B I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

*New York State General Obligations Law, Section 3-503

11 PHOTOGRAPH REQUIREMENT:

DO NOT STAPLE

**ATTACH SECURELY IN
THIS SPACE A 2" X 2"
PASSPORT STYLE
PHOTOGRAPH TAKEN
WITHIN THE PAST YEAR**

Date of photo: _____

12 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Please have your Supervisor complete pages 4 and/or 5. Then send it to the address at the end of this form.

SUPERVISOR ATTESTATION FOR CONTACT LENS DISPENSING TRAINEE

The Regulations of the Commissioner of Education require the supervisor to attest that appropriate training and experience will be afforded to the applicant for **contact lens dispensing** certification. This includes the following:

- Supervision shall be by a New York State licensed ophthalmic dispenser certified in contact lens dispensing, optometrist, or physician.
- Supervision shall be on-site and the supervisor should be readily accessible so that personal advice and assistance can be provided to the trainee.
- No more than one applicant on a training permit may be supervised concurrently.
- A trainee may not be employed for less than 24 hours weekly.
- A trainee must be enrolled in the Contact Lens Society of America's *Contact Lens Study Manual* program.
- Appropriate clinical experiences shall include at least 1,200 clock hours in the verification and interpretation of contact lens prescriptions, fitting and adjusting of contact lenses, patient/client instruction, and other aspects of the practice of contact lens fitting.
- Since the trainee permit to be issued will be for contact lens dispensing, appropriate clinical experiences may not go beyond the limitations of the legal definition of the practice of ophthalmic dispensing, which is defined in Article 144 of the Education Law, as: *...adapting and fitting lenses, for the correction of deficiencies, deformities or anomalies of the human eyes, on written prescriptions from a licensed physician or optometrist. Replacements or duplicates of such lenses may be adapted and dispensed without prescription. Contact lenses may be fitted by an ophthalmic dispenser only under the personal supervision of a licensed physician or optometrist.*
- A trainee permit is valid for two years (24 months) and can be renewed for only one additional year (12 months). Contact lens practice may not begin before the permit is issued and must cease upon the permit's expiration.
- The trainee permit must be conspicuously displayed in the employment setting next to the current registration certificates of all the licensed practitioners.
- At the conclusion of the trainee-supervisor relationship, the supervisor must complete a **Certificate of Experience (Form 4)** verifying the exact dates of the training. These dates may not extend beyond the dates for which the trainee permit was issued.
- Trainees must wear a clearly visible badge that lists their name and the fact that they are a **contact lens dispensing trainee**. The law prohibits them from using the title "optician", "ophthalmic dispenser", "contact lens dispenser", or variations of those terms until they are licensed in New York, even if they are certified by the American Board of Opticianry or the National Contact Lens Examiners.

1. Name of the trainee _____

2. Name of the Supervisor exactly as it appears on your New York State License.

(Please print clearly)

3. Profession of Supervisor Ophthalmic Dispensing (certified in contact lens dispensing) Optometry Medicine

New York State License number _____

4. Name of the optical establishment where training will take place

5. Address of the optical establishment where training will take place

Street

City

State

Zip Code

6. Name of the owner, individual partner, or corporation _____

7. I attest that, as outlined above, I will be responsible for providing appropriate training and experience to the above-named trainee.

Signature of supervisor

Date

Send this Form as Well as All Others Listed on the Checklist, and the Appropriate Fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.