

Instructions to the licensing authority: Please complete Sections II and III and return this form directly to the address at the end of the form. This form will only be accepted if returned by the proper licensing authority

SECTION II : LICENSING AUTHORITY Verification of educational requirements for licensure.

Please indicate how the individual named in Section I met the educational requirements for licensure in your jurisdiction

- Completed an approved two year education program from (college or program): _____
- Completed the Career Progression Program from the National Academy of Opticianry on: _____ / _____ / _____
mo. day yr.
- Name of supervisor: _____ License number of supervisor: _____
- Completed an apprentice program approved by the jurisdiction (attach description) on: _____ / _____ / _____
mo. day yr.
- Name of program: _____ Date completed: _____ / _____ / _____
mo. day yr.
- Endorsement of licensure or certification issued in another jurisdiction: Yes No
- Jurisdiction issuing original license or certification: _____

SECTION III : CERTIFICATION OF LICENSURE

1. Was this applicant licensed in your jurisdiction? Yes No (If "no", skip to item 7)
If "yes", please provide the following:
(a) License number: _____ (b) date of issuance: _____ / _____ / _____ (c) is the individual currently registered? Yes No
mo. day yr.
(d) When does the current registration or license (circle appropriate one) expire: _____ / _____ / _____
mo. day yr.
(e) Full occupational title on license: _____
(f) Name of the individual as it appears on license: _____
2. Please indicate if the license was issued under any of the following special conditions (check one only)
 Endorsement of licensure in another jurisdiction (please identify) : _____
 Waiver of examination Waiver of education
 Other: _____
3. If the license was issued based on a written examination, please indicate the examination title, date, and score:
 American Board of Opticianry Examination State Written examination Other examination (specify): _____
Date: _____ / _____ / _____ Score: _____
mo. day yr.
4. Did the issuance of this license involve any special conditions? Yes (attach explanation) No
5. Has disciplinary action been taken against the license? Yes (attach explanation) No
6. Are disciplinary charges pending against this license or has s/he surrendered a license to avoid disciplinary charges?
 Yes (attach explanation) No
7. Has the individual been denied a license in your jurisdiction? Yes (attach explanation) No

CERTIFICATION:

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the individual named on this form. I further certify that, other than those listed above or attached, this licensing authority has never taken any disciplinary action against this person and that, in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional conduct.

Signature of licensing authority: _____ Date _____ / _____ / _____
mo. day yr.

Type or print name: _____

Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

(SEAL)

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Ophthalmic Dispensing Unit, 89 Washington Avenue, Albany, NY 12234-1000.