

Ophthalmic Dispensing Form 5T

Application for Trainee Permit

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

1 Check what you are applying for:

- Ophthalmic Dispensing** (Trainee Permit) **55** **\$30** **PR**
- Contact Lens** (Trainee Permit) **54** **\$30** **PR**

2 Social Security Number

(Leave this blank if you do not have a U.S. Social Security Number)

3 Birth Date Month Day Year

4 Name

Last
First
Middle

5 Mailing Address

Line 1
Line 2
Line 3
City
State ZIP Code
Country/
Province

6 Telephone/Email Address

Daytime Phone

Area Code Phone

Email Address (please print clearly)

7 Check all that apply

- Original Permit Permit Renewal Change of Supervisor/Site (Form 4 required) Additional Supervisor/Site

8 Name as it appears on degree or other credentials (if different from above)

9 Citizenship/Immigration Status

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS Number: _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

10 Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of High School/Secondary School or GED Diploma Issuer _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____
mo. day yr. mo. day yr.

Graduation Date _____ or Date GED issued _____
mo. day yr. mo. day yr.

Postsecondary/Preprofessional/Professional Education

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. day yr.

11 **Child Support Obligation**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** 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

B. I am under an obligation to pay child support and (please check 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

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. **This form must be signed and dated in the presence of a Notary Public.**

Applicant's signature _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, 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.

Applicant Name

Notary Public's signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Supervisor Attestation for Ophthalmic 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 **ophthalmic dispensing** licensure. This includes the following:

- Supervision shall be by a New York State licensed ophthalmic dispenser, 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 National Academy of Opticianry's Career Progression Program.
- Appropriate clinical experiences shall include, but not be limited to: verification and interpretation of prescriptions; fitting and adjusting of ophthalmic eyewear; lens neutralization and identification; patient/client instruction; and other aspects of the practice of ophthalmic dispensing, including laboratory preparation.
- Since the trainee permit to be issued will be for ophthalmic 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.
- A trainee permit is valid for two years (24 months) and can be renewed for only one additional year (12 months). Ophthalmic dispensing 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 an **ophthalmic dispensing trainee**. The law prohibits them from using the title "optician", "ophthalmic dispenser", or variations of those terms until they are licensed in New York, even if they are certified by the American Board of Opticianry.

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 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.

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.