

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627

Helena, AR 72342

Voice and Fax Line: (870) 572-2847

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.
4. Each renewal application must be accompanied by a check or money order in the amount of \$60.00 (sixty dollars), 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. Your application will be returned.**
5. Pursuant to Ark. Code Anno. § 17-89-308 (b), you must have on file with the Board office four (4) hours of live continuing education credits obtained during July 1, 2007 and June 30, 2007.
6. The effective dates of the renewal badge are July 1, 2008, through June 30, 2009. Your renewal application, 1” X 1” colored photo, and \$60.00 (sixty dollars) payment must be postmarked or received by the Board Office no later than June 10, 2008. Upon verification of your renewal applicant, fee payment and continuing education hours, a renewal badge will be mailed to the home address listed on your renewal application. You must wear this badge any time you are working as opticians July 1, 2008- June 30, 2009.
7. **If these conditions are not met, 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, 2008.** If your renewal application is postmarked after June 10, 2008 and is received in the Board Office after June 30, 2008, the following penalties apply and must be paid prior to renewal of you 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, 2008.

| | | |
|-------------------|----------------------------------|-------------|
| Payment Received: | July 1 – July 31, 2008 | ADD \$25.00 |
| | August 1 – August 31, 2008 | ADD \$50.00 |
| | September 1 – September 30, 2008 | ADD \$75.00 |

9. **Pursuant to Board Rule 11.9 effective July 1, 2005**, if said licensed, registered, or apprentice certificate is not renewed and the penalty paid by September 30, 200, 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.**
10. If the name of the optical dispensary in which you work does not contain the proper name of an Arkansas optometrist or physician skilled in the disease of the eye or a licensed or registered optician holding a certificate of licensure or registered in the State of Arkansas, the attached certificate of ownership must be completed and returned along with this application.

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

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 OR STUDENT OPTICIANS WHO ARE WORKING UNDER YOUR DIRECT PERSONAL SUPERVISION.

Name _____ Certificate Number _____
Name _____ Certificate Number _____
Name _____ Certificate Number _____
Name _____ Certificate Number _____

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

Name _____ Certificate Number _____
Name _____ Certificate Number _____
Name _____ Certificate Number _____
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.
Name of Business: _____

Name of Business Owner/Title: _____
(FIRST) (MIDDLE) (LAST) (Title)

Name of Supervisor/Title: _____
(FIRST) (MIDDLE) (LAST) (Title)

Business Physical Address: _____
(CITY) (STATE) (ZIP)

Business Mailing Address: _____
(CITY) (STATE) (ZIP)

Business Phone: (_____) _____ Business E-Mail: _____

AFFIDAVIT FOR LICENSE RENEWAL

I, the undersigned applicant for renewal of licensure, hereby certify that the information on this renewal form submitted for purpose of renewal of my licensure, registration, or apprenticeship pursuant to Ark. Code Anno. § 17-89-101 et seq. is true and correct. I further understand that if the information is not true and correct that pursuant to the Section 15 of the Rule of the Arkansas Board of Dispensing Opticians any license, registration or apprentice issued to me may be suspended or revoked and that criminal penalties may also apply.

(Signature of applicant)

(Date)

