

DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR OPTICIAN LICENSURE

(check one) Exam (Fee \$200) Reinstatement CT License # _____ (Fee \$200)

Name: _____
FIRST MI LAST MAIDEN

Address: _____
NO. & STREET CITY STATE ZIP CODE

U.S. SOCIAL SECURITY: _____ - _____ - _____ Email: _____

Please indicate below how you would like your name and address to appear on your official license. This will become your address of record for all future mailings.

Name on License: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Date of Birth ____/____/____ Gender: _____

RACE/ETHNIC DATA: (This section is voluntary. Information gathered will be used solely for the purpose of examining the demographics of Connecticut licensees. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)

- AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK: Persons having origins in any of the black racial groups of Africa.
- HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

List all states/territories of the United States in which you are now or have ever been licensed (attached additional sheet if necessary):

STATE	LICENSE NO.	EXPIRATION DATE

If ABO and NCLE were taken in Connecticut, please indicate dates: ABO _____ NCLE _____

Have you completed (4) calendar years of full-time or 8,000 hours of part-time employment as a registered optical apprentice under the supervision of a licensed optician? Yes No If yes, please indicate the name and license number of the supervisor: _____

Do you hold an Associates Degree in ophthalmic dispensing? Yes No If yes, please indicate name of institution _____

What is the name of the firm, partnership or corporation with which you are associated/employed:
Name: _____

Address: _____
NO. & STREET CITY STATE ZIP CODE

What have been your duties and/or activities at this establishment?
(Specify) _____

Does this establishment hold a current Optical Shop permit? Yes No If yes, Permit #: _____

AT THE EXAM, DO YOU REQUIRE ACCOMMODATION FOR ANY DISABLING CONDITION? _____ IF YES, ATTACH A SEPARATE WRITTEN STATEMENT TO THE APPLICATION, BRIEFLY DESCRIBING THE NATURE OF YOUR DISABILITY AND THE ACCOMMODATION YOU ARE SEEKING. UPON REVIEW OF YOUR REQUEST, THIS OFFICE WILL CONTACT YOU FOR APPROPRIATE DOCUMENTATION.

STATEMENT OF PROFESSIONAL HISTORY: Please answer each question below. If you answer yes to any question, please refer to attached instructions.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:
-Any hospital, nursing home, clinic, or similar institution;
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
-Any third party reimbursement program, whether governmental or private? Yes No

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? Yes No

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? Yes No

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? Yes No

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services?
You need not report any complaints dismissed as without merit. Yes No

If your answer is "yes" to questions 1-5 give full details, names, addresses, etc. on a separate notarized statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? Yes No

If your answer is "yes" give full details on a separate notarized statement and submit notarized copy of agreement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state , federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

Yes No

If your answer is "yes" give full details on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgement, the settlement, and/or the disposition of the case.

On this ____ day of _____ (month/year) _____ (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.



All of the above statements contained herein are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

Sworn to me this _____ day of _____ (month/year) 20____.

Notary Public Signature _____ My Commission Expires _____.

Please return this application, the fee for \$200 (certified bank check or money order) made payable to, "Treasurer, State of Connecticut" to:

**Department of Public Health
Optician Licensure Remittance Unit
410 Capitol Ave., MS# 12MQA
P.O. Box 340308
Hartford, CT 06134-0308**

www.ct.gov/dph