



Online Instructions

Initial Application for Dispensing Optician License

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **The following must be received by the division before your application for licensure by credentials can be reviewed:**

1. A COMPLETED ONLINE APPLICATION, INCLUDING PAYMENT OF FEES

Nonrefundable Application Fee: \$50.00

License Fee: \$275.00

Total Fees Due: \$325.00

Note: You may only pay with a credit card when submitting an online application. The online application is not complete until you have completed the credit card payment online.

2. VERIFICATION OF TRAINING

A completed Apprentice Termination of Sponsorship/Verification of Training form (#08-4151b). The accompanying Check Sheet Verification (#08-4151c) must be submitted with the Apprentice Termination of Sponsorship/Verification of Training form.

3. VERIFICATION OF LICENSE

A completed verification of license form (#08-4151d) to practice as a dispensing optician in good standing sent directly to this office by the state, territory, district or possession of the United States with licensing requirements substantially equivalent to or higher than those of the state of Alaska.

4. VERIFICATION OF WORK EXPERIENCE

A completed verification of work experience form (#08-4151e).

LICENSE STATUS:

Licenses are issued for a two-year period and expire on **June 30** of **ODD**-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

“YES” RESPONSES:

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division’s website at ProfessionalLicense.Alaska.gov under License Search.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov* or contact the Division for a copy of the form.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



Dispensing Opticians Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a dispensing optician license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



THE STATE
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Apprentice Termination of Sponsorship/Verification of Training

12 AAC 30.110(d) requires that within 30 days of termination or completion of apprentice training, the supervisor must notify the department in writing. Complete this form in its entirety and submit it to the address above. If a section does not apply, write "N/A". If you have zero hours to report, you still need to submit this form in order to terminate the apprenticeship. Dispensing Opticians can have only TWO apprentices at any given time (AS 08.71.160(b)). There is no limit to the number of apprentices for optometrists or medical physicians (MD/DO). Alternate sponsors should also use this form for hours completed. You must also include the Check Sheet Verification (#08-4151c) with this form, completed in its entirety. Incomplete Apprentice Termination forms or Check Sheet Verification forms will be returned.

Apprentice Name:		License Number:	
Business Name:		Phone Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Supervisor Name:		License Number:	
License Type:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Dispensing Optician <input type="checkbox"/> MD/DO		
If Dispensing Optician, Licensed For:	<input type="checkbox"/> Contacts <input type="checkbox"/> Spectacles <input type="checkbox"/> Both		
Contacts Training Start Date:		Contacts Training End Date:	
		Total Hours of Contacts Training:	
Spectacles Training Start Date:		Spectacles Training End Date:	
		Total Hours of Spectacles Training:	
Comments:			

Notarized Signature

I HEREBY CERTIFY that the above apprentice received the hours of training listed above in accordance with 12 AAC 30.120 and that I have complied with the supervision of apprentice requirements in accordance with 12 AAC 30.125. I understand that this report is subject to audit, and that I have completed the Check Sheet Verification form (#08-4151c) in accordance with 12 AAC 30.120.

Notary Stamp	Printed Name:		Title:	
	Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Check Sheet Verification Form

This form is to be completed by the supervisor.

PART I Spectacles Training

Please identify any skills or operations that you have personally observed. 12 AAC 30.120(a)(1)-(14):

(a) Apprenticeship training under AS 08.71.110 relating to spectacles must include instruction in the following subject areas. Initial each area the apprentice has been trained in.

Subject Area	Supervisor Initials
1. Customer relations, including communication and interaction	
2. Knowledge and application of basic optical concepts and principles;	
3. Knowledge and application of practical anatomy and physiology	
4. Knowledge and implications of common ophthalmic disorders	
5. Knowledge of frame and lens materials and application of materials based on the selection of ophthalmic products	
6. Applicable laws and regulations relating to the practice of dispensing opticianry in the state	
7. Customer instruction on the care and use of ophthalmic products, with emphasis on health and safety	
8. Interpretation of prescriptions	
9. Proper fitting of spectacles to the customer	
10. Selection of spectacles with consideration of the customer's lifestyle, occupation, cosmetic needs, and the availability of ophthalmic products	
11. Knowledge and application of instruments and measurements necessary to fit or adjust spectacles to the customer	
12. Knowledge and use of optical equipment to verify specifications of optical goods, including a lensometer, calipers, lens clock, and other measuring devices	
13. Management skills necessary for record keeping, billing, and the ordering of optical goods and supplies	
14. Knowledge and use of aseptic techniques	

PART II Contact Lens Training

Please identify any skills or operations that you have personally observed. 12 AAC 30.120(b)(1)-(14):
 (b) Apprenticeship training under AS 08.71.110 relating to contact lens must include instruction in the following subject areas.
 Initial each area the apprentice has been trained in.

Subject Area	Supervisor Initials
1. Customer relations, including communication and interaction	
2. Knowledge and application of basic optical concepts and principles;	
3. Knowledge and application of practical anatomy and physiology	
4. Knowledge and implications of common ophthalmic disorders	
5. Applicable laws and regulations relating to the practice of dispensing opticianry in the state	
6. Interpretation of prescriptions	
7. Obtaining and documenting the customer's relevant medical history through oral interview and records	
8. Assessment of the technical aspects of the customer's ocular status for contact lens wear by using instruments or other methods to determine appropriate contact lens options	
9. Knowledge of instruments used to determine the customer's contact lens options, including proper calibration of instruments, evaluation of instrument readings and application to the customer's needs	
10. Selection of contact lens material and design based on previously gathered information to conduct diagnostic lens evaluation, if trial fitting is deemed beneficial	
11. Insertion of trial contact lens material and evaluation of subjective and objective findings to determine appropriate lens selection	
12. Determination of contact lens parameters using the results obtained from the diagnostic contact lens trial fitting and evaluation of the objective findings and the customer's subjective responses to fitting so that the appropriate contact lens may be ordered	
13. Knowledge of instruments and recognized standards necessary to verify contact lens parameters by comparing contact lens ordered to assure accuracy	
14. Education of the customer on all aspects of contact lens wear including disinfection, storage, care, maintenance of contact lenses and supplies, and wearing schedules by providing verbal and written instructions and hands on practice with contact lenses to encourage compliance	

PART III Personal Information

Apprentice Name:	
Supervisor Name:	



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Verification of Licensure



Applicant:

Please complete the identifying information below and forward a copy of this form to the state, territory, or jurisdiction where you currently hold a license.

Applicant Name:		Date of Birth:	
Mailing Address:	P.O. Box or Street	City	State Zip
Applicant Signature:		Date Signed:	



**Licensing Agency
or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Dispensing Opticians Program at the letterhead address.

License Number:		State or Jurisdiction:	
Licensed For:	<input type="checkbox"/> Spectacles <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Both	Licensed By: (Exam, Reciprocity, Etc.)	
Original Issue Date:		Expiration Date:	

- Does your licensing jurisdiction require successful passage of the exam offered by the American Board of Opticianry, National Contact Lens Examiners, or both? Yes No

- Has the applicant ever been the subject of an adverse decision based upon a complaint, review procedure, or other disciplinary proceeding within the five years immediately preceding application, or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding undertaken by your jurisdiction? Yes No

- Has the applicant ever been the subject of an unresolved or an adverse decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding undertaken by your jurisdiction that relates to criminal or fraudulent activity, optometry or the safety or well-being of patients? Yes No

- Is any such investigation or action pending? Yes No

- To your knowledge, is there any derogatory information regarding this applicant? Yes No

"Yes" Answers

If you answered "yes" to questions 2-5, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Signature

Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



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Verification of Work Experience



Applicant:

Complete the top section of this form and have your present or former employer complete this form. Your employer(s) must verify 1,800 hours of work as a dispensing optician in good standing. Please have the person verifying your work experience return this form directly to the Alaska Dispensing Opticians Program at the letterhead address.

Applicant Name:			
Applicant Signature:		Date Signed:	



Employer:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Dispensing Opticians Program at the letterhead address.

Name of Business:		Phone Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Employment Begin Date:		Employment End Date:	
Experience:*	<input type="checkbox"/> Dispensing Spectacles Only	<input type="checkbox"/> Dispensing Contacts Only	Total Hours:

**If work experience was in both Spectacles AND Contact Lenses, a separate Verification of Work Experience form must be completed for each aspect.*

Supervisor Name:		License Number:	
License Type:		State of Licensure:	
Comments:			

Notarized Signature

I hereby certify that the above employee worked for this employer as a competent, ethical dispensing optician and that the above information is true and correct to the best of my knowledge.

Notary Stamp	Printed Name:		Title:	
	Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	