



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Examiners of
Ophthalmic Dispensers and Ophthalmic Technicians
124 Halsey Street, 6th Floor, P.O. Box 45011
Newark, New Jersey 07101
(973) 504-6435

Instructions to the employer/preceptor and applicant

The applicant must file this application with the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians prior to the time he or she begins work as an apprentice Ophthalmic Dispenser or apprentice Ophthalmic Technician.

This registration does not permit or empower the apprentice registered hereunder to practice as an Ophthalmic Dispenser or Ophthalmic Technician during the absence of the duly licensed preceptor under whose supervision he or she is registered.

Any apprentice who practices during the absence of the licensee under whose supervision the apprentice is registered may be considered to be engaging in unlicensed practice as an apprentice ophthalmic dispenser or as an apprentice ophthalmic technician and, as such, may be liable to penalty as stipulated in N.J.S.A. 52:17B-41.18.

Individuals may apprentice only in those establishments which have the following minimum optical equipment in working/operating order: one set of hand tools consisting of files, screwdrivers, pliers, hammers/anvils or hand press, reamers, taps, calipers and millimeter ruler; one lens analyzer (lensometer, vertometer, or any other electronic equipment to measure the power of a lens and lens clock); hand protractor for making up lenses; one colmascope or similar instrument, drop-ball tester, one frame heater; one edger and handfinishing stone; and one set of samples of frames and mountings, minimum 250, including zyl, rimless and metal rims.

This registration does not permit or empower any holder of an apprentice permit to represent to the public that he or she is an Ophthalmic Dispenser or Ophthalmic Technician duly licensed by the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians via examination.

The applicant must enclose the prescribed fee in the form of a check or money order. The check or money order should be made payable to the State of New Jersey.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



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Please check the appropriate box below.

- ☐ Apprentice Ophthalmic Dispenser.....\$300.00
☐ Apprentice Ophthalmic Technician.....\$100.00

Permit No.: _____

Issuing date: _____

Expiration date: _____

**Application for a Permit as an Apprentice Ophthalmic Dispenser
or an Apprentice Ophthalmic Technician**

Date: _____

A nonrefundable application filing fee of \$100 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application for a permit. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the process that must be followed to obtain a permit will be delayed until the fee is paid.) An additional fee (see box above for amount) must be sent to cover the cost of registering in one of the titles listed above. This fee is refundable if you are deemed to be ineligible for licensure or registration.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or permit unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or registration. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or registration.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or registration will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as an apprentice ophthalmic dispenser or apprentice ophthalmic technician” is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable ophthalmic care judgments and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to customers and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of an apprentice ophthalmic dispenser or apprentice ophthalmic technician, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or permit should be issued, whether conditions should be imposed or whether you are not eligible for licensure or registration.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional license, certificate or permit of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license, certificate or permit held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired

11. Have you ever been disciplined or denied a professional license, certificate or permit of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional license, certificate or permit of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to any prior practice as an ophthalmic dispenser or ophthalmic technician, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional license, certificate or permit issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any prior practice as an ophthalmic dispenser or ophthalmic technician, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education - Choose the course tract for apprenticeship:

- ☐ Associate of Applied Sciences
- ☐ 30-credit program

1. What is the name and address of the high school(s) you attended? _____

Name of high school

Street addressCityStateZIP code

2. What years did you attend high school? _____

3. If you attended high school or secondary school outside the United States, please submit a transcript and/or diploma (and an evaluation if necessary).

4. What is the name and address of every college or university that you attended? (List every college and university that you have ever attended, starting with the most recent.)

Name of college or universityDates attended (from/to)

Street addressCityStateZIP code

Name of college or universityDates attended (from/to)

Street addressCityStateZIP code

5. A) List all degrees from recognized colleges or universities. *It is your responsibility to have the colleges or universities forward to the Board the official transcripts of all degrees.*

College or University	Inclusive years	Degree, Diploma or Certificate	Date granted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A curriculum vitae is required. Label all gaps in chronological order and provide a rationale for each gap.

Statement of the employer/preceptor

Name of establishment: _____

Office address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Does the establishment have the minimum operating equipment stipulated in N.J.A.C. 13:33-3.5?

(See the instructions page for a list of the required equipment.)

☐ Yes ☐ No

Full name of applicant: _____

Full name of licensed person who will supervise the apprentice applicant: _____

License number: _____ Date of employment: _____ Hours per week _____
(Minimum of 32 hours)

Names of all licensees, permit holders and employees currently employed at this address:

Affidavit of the employer/preceptor

State of: _____

County of: _____ } ss.

I, _____, being duly sworn, depose and say that I desire to

(Employer's/preceptor's name-please print)

register _____ under

(Applicant's name-please print)

_____ an Apprentice Ophthalmic Dispenser Permit, _____ an Apprentice Ophthalmic Technician Permit,

that I believe him/her to be of good moral character, that he/she will be scheduled to work for a minimum of 32 hours per week, and that the above answers and statements are true and correct.

Employer's/preceptor's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Affidavit of the applicant

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians for licensure or registration under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or registration or to withhold renewal of or suspend or revoke a license or permit issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 52:17B-41.1 et seq., together with the Rules and Regulations of the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians, N.J.A.C. 13:33-1.1 et seq., and fully understand that in receiving a license or permit from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or registration. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any and all information, files or records requested by the Board.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

For office use only

Received: _____ Paid: _____

Approved: _____ Rejected: _____ Date: _____

Reason: _____

Certified mail: _____

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date