



Delivery Services: 2009 Fairview Rd. #6758
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State Board of Opticians

**Application for
REVERSAL of
Inactive Status**

License Restoration Fee \$100.00

Any outstanding annual renewal amount must be paid.
\$35.00 fee for returned checks



ALL SECTIONS BELOW MUST BE COMPLETED (please type or print clearly): [] Address Change _____ # of Duplicate Licenses

Name _____
(First) (Middle) (Last) Sex Race License #

Home Address _____ Telephone (____) _____

City _____ State _____ Zip _____ County _____

Email Address _____ [] Permission to share email address

Do you attest to the Board that you have not been practicing opticianry anywhere in North Carolina since your license was approved for Inactive status, and that you understand you will be subject to disciplinary action by the Board if found to have done otherwise? Y N

Are you retired – i.e., not working *anywhere* any longer? Y N

Do you acknowledge your understanding that you are required to attend and show completion of a full complement of ConEd hours, pay any Late or unpaid Renewal fees, and a License Restoration fee in order to apply for a Reversal of Inactive Status? Y N

Attendance at a full complement of CE hours is required for Reversal of Inactive Status. Documentation of CE attendance is to be attached. If no CE credits are attached, state reason. _____

**If you answer “Yes” to any of the questions below, you must provide a certified copy of the court records or a certified copy of applicable license or disciplinary records with a statement of explanation with this application. Since your approval for Inactive Status:

Have you been charged, arrested, convicted, found guilty of, or pleaded *nolo contendere* to any criminal offense (excluding non-criminal traffic infractions)? Y N

Have you had an application for certificate or license denied or certificate or license suspended, cancelled, or revoked by any state or federal agency or governing or licensing board? Y N

Have you been investigated, charged, or disciplined; or are you currently under investigation by a governing or licensing board or by a state or federal agency? Y N

Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence? Y N

AFFIDAVIT OF APPLICANT

I have read General Statutes Chapter 90, Article 17 and Title 21, North Carolina Administrative Code, Chapter 40 and do understand the law and rules of the Board applicable to all dispensing opticians, particularly those about renewal, registration, advertising and supervision, and, the Continuing Professional Education requirements. As far as I am able to determine, I meet all of the requirements to apply for Reversal of Inactive Status of an NC optician’s license. I understand the contents of applications, including all attachments and disciplinary actions or consent orders regarding me, are subject to the NC Public Records Act. I understand that I am waiving any claim of confidentiality or privacy regarding disclosure of such public records. I authorize the Board to make such investigative inquiries it deems necessary and release from liability all parties responding to such inquiries. I affirm under the penalties of perjury that the information, statements, and any attachments made in conjunction with this application are true, correct, and complete.

I certify that I have read and understand the “public notice statement” maintained by the N.C. Industrial Commission, Employee Classification Section on their website. Further, I have /have not been investigated for employee misclassification within the past twelve (12) months.

 Signature Date

Current seal will be mailed after documentation is validated and Reversal of Inactive Status is approved by Board -- seal must be displayed on license.