



# North Carolina State Board of Opticians

Sue M. Hodgkin  
Director

P.O. Box 6758  
Raleigh, NC 27628-6758

Phone: (919) 420-1390  
Fax: (919) 420-1361

## Licensure Applicants:

Thank you for your interest in becoming a dispensing optician in the state of North Carolina; the NC State Board of Opticians is pleased to provide you this information on licensure, and an application package.

Please read the *Instructions to Applicant* page carefully and in its entirety; failure to do so will delay application processing and, since there are some deadlines, could jeopardize approval. Applications are not considered “received” by the Board until all required documents are properly completed and submitted.

The Board understands applicants’ desire to know the outcome of their applications as quickly as possible; be assured they are reviewed and deliberated within a reasonable period of time. Throughout the process individuals receive written correspondence regarding the status of their applications, and then the Board’s rendered decision regarding their licensure approval.

You’re welcome to contact the Board office for additional application clarification, or with questions not covered in this information.

Sincerely yours,

Sue M. Hodgkin  
Director  
NC State Board of Opticians

Enclosure

# North Carolina



## State Board of Opticians

P.O. Box 6758  
Raleigh, NC 27628-6758  
(919) 420-1390

### APPLICATION FOR ADMISSION TO EXAMINATION IN OPHTHALMIC DISPENSING PURSUANT TO G.S. 90-241 (b)

**(Please type or print clearly)**

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security number \_\_\_\_\_

Elementary school attended \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

High school attended \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

***Must provide certified transcript as proof of completion***

Other schools attended \_\_\_\_\_

Has Applicant completed:

National Academy of Opticianry's (NAO) Career Progression Certificate Program (or equivalent): Yes No

Durham Technical Community College Apprenticeship Certificate Program: Yes No

***(Must include copy of Certificate of Completion for either certificate program if applicable.)***

ABO Certified: Yes No Date Certified \_\_\_\_\_

NCLE Certified: Yes No Date Certified \_\_\_\_\_

***(Must include copy of Certificate of Completion for either certificate program if applicable.)***

Daytime telephone contact number \_\_\_\_\_

Email Address \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT**  
**Including Qualifications for & Information on the Licensure Examination**

Please read qualifications and Exam information carefully; there are no exceptions to the supporting information required to be submitted.

Any person wishing to obtain the right to practice as a dispensing optician in North Carolina shall make application to the NC State Board of Opticians, successfully complete the Licensure Examination, and complete a six-month internship in a Board-registered training establishment before being issued a license. The Board shall admit to the Licensure Examination any candidate who submits evidence satisfactory to the Board, verified on oath, that the applicant is qualified as prescribed in G.S. 90-237, 90-240, or 90-241.

**General Qualification Provisions**

- Applicants must be at least 18 years of age.
- Applicants must be of good moral character, with no violations of G.S. 90, Article 17 or NCAC Title 21, Chapter 40.
- Applicants must be high school graduates or an equivalent; **a certified transcript from the high school or institution conferring a GED must be submitted.**
- Applicants must have satisfactorily completed a two-year Associate's degree in opticianry from a recognized school with a minimum of 1600 hours coursework; OR have had practical training and experience, and completion of an educational curriculum, equivalent to the Board's apprenticeship training program for not less than 3 ½ years.
  - A school of opticianry shall be considered "recognized" by the NC State Board of Opticians if it is accredited by the Commission on Accreditation and confers an Associate's in Applied Science – Ophthalmic Optics degree. **An official transcript of grades must be submitted.**
  - Provision towards the apprenticeship period shall be considered for any time spent in a recognized school. **An official transcript for the National Academy of Opticianry's (NAO) Career Progression Certificate Program (or equivalent coursework from an accredited school) must be submitted.**
  - Applicants through apprenticeship shall have received their training working full-time under the supervision of a licensed optician, optometrist, or ophthalmologist, with documented instruction in lens surfacing/ finishing, edge grinding, ophthalmic lenses, mounting, prescription interpretation and general opticianry knowledge.
    - Full-time employment is defined as a *minimum* of 35 hours per week. Work time less than 35 hours weekly, or work as an optical salesman or consultant, shall not apply toward practical training and experience declared as qualification for admission to the Licensure Examination by apprenticeship.

**Miscellaneous Application Information**

- Applicants from states that do not license opticians (qualifying for the Exam pursuant to G.S. 90-241(b)) must have worked full-time in opticianry for four (4) years *immediately preceding their Exam application* performing tasks and taking a curriculum equivalent to the NC apprenticeship. (See definitions of full-time employment, and work experience allowed above.)
- If an applicant has been self-employed in the optical industry during any period listed on the *Optical Experience* form, additional documentation is required:
  - Attach two (2) notarized letters from wholesale suppliers (on their business letterhead), verifying the existence of the business and ownership by the applicant and documenting the supplier's participation in the business in the other state (including dates of that supplier's business arrangements with applicant).
- An un-mounted recognizable photograph (for identification purposes), with the face not less than three-quarters of an inch wide, must be attached securely to the space indicated on the *Moral Character Data* page of the Application.

**Internship Requirement**

**A North Carolina dispensing optician's license will not be issued until an internship is completed.**

- An internship must be served working full-time in a Board-registered training establishment, under the supervision of a licensed optician, optometrist or ophthalmologist with documented instruction in dispensing, including measurements of the face; fitting/ adjusting glasses & frames to the face; practical anatomy of the eye; and theory of light.
  - Full-time employment is defined as a *minimum* of 35 hours per week. Work time less than 35 hours weekly, or work as an optical salesman or consultant, shall not apply toward practical training and experience in an internship.

**Examination Information**

The Licensure Examination is comprised of four components: the ABO Basic (National Opticianry Competency Examination (NOCE)); the ABO Practical; the NCLE Basic (Contact Lens Registry Examination (CLRE)); and the NCLE Practical. Full information on the components and the testing services can be found on the ABO-NCLE website [www.abo-ncle.org](http://www.abo-ncle.org). Applicants for Examination are vetted and made eligible by the Board before registering to participate in the Exam through the ABO/NCLE.

- Applicants who have taken and successfully passed the ABO Basic during the three (3) years *immediately preceding* application to the Board for the Practical exam(s) will not be required to take the ABO Basic again.
- Likewise, applicants who have taken and successfully passed the NCLE Basic during the three (3) years *immediately preceding* application to the Board for the Practical exam(s) will not be required to take the NCLE Basic again.
- **Certified proof of passage of ABO and/or NCLE certifications must be submitted.**

**Application Submission**

**Applications and the non-refundable Examination fee of \$300 (payable to the NC State Board of Opticians, by certified check or money order) must be received in the Board office a minimum of sixty (60) days in advance of the Examination;** applications are not considered "received" until the Application, all supporting documentation, and the Exam fee, is received in the Board office.

**Mailing Addresses**

Regular Postal Delivery: NC State Board of Opticians  
PO Box 6758  
Raleigh, NC 27628-6758

Expedited/Carrier Delivery: NC State Board of Opticians  
2009 Fairview Rd. #6758  
Raleigh, NC 27628

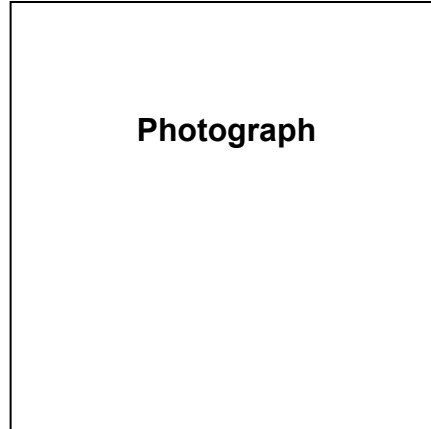


## MORAL CHARACTER DATA

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.

Have you been charged, arrested, convicted, found guilty of, or pleaded <i>nolo contendere</i> 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

**A recent recognizable photograph of the applicant's face not less than three quarters of an inch wide must be attached.**



## 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 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 a North Carolina 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**North Carolina  
State Board of Opticians**  
P.O. Box 6758  
Raleigh, North Carolina 27628-6758

Phone: (919) 420-1390  
Fax: (919) 420-1361  
Email: [info@ncopticiansboard.org](mailto:info@ncopticiansboard.org)

**EXPERIENCE DOCUMENTATION FORM**

This is to certify that \_\_\_\_\_ has been employed by our company (must have finishing lab on premises), working full-time under the direct supervision of a licensed person:

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Licensee's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Licensee # & Qualif.)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

( ) \_\_\_\_\_  
(Telephone)

Dates: from \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Give and outline of his/her optical training, knowledge and experience obtained while working under your supervision. (lab work, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized HR Representative

**Must submit original forms – NO facsimiles or photocopies**



**North Carolina  
State Board of Opticians**  
P.O. Box 6758  
Raleigh, North Carolina 27628-6758

Phone: (919) 420-1390  
Fax: (919) 420-1361  
Email: [info@ncopticiansboard.org](mailto:info@ncopticiansboard.org)

**EXPERIENCE DOCUMENTATION FORM**

This is to certify that \_\_\_\_\_ has been employed by our company (must have finishing lab on premises), working full-time under the direct supervision of a licensed person:

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Licensee's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Licensee # & Qualif.)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

( ) \_\_\_\_\_  
(Telephone)

Dates: from \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Give and outline of his/her optical training, knowledge and experience obtained while working under your supervision. (lab work, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized HR Representative

**Must submit original forms – NO facsimiles or photocopies**



# North Carolina State Board of Opticians

Sue M. Hodgins  
Director

P.O. Box 6758  
Raleigh, NC 27628-6758

Phone: (919) 420-1390  
Fax: (919) 420-1361

## CHARACTER REFERENCE

This is to certify that I understand that \_\_\_\_\_  
is making an application with the North Carolina State Board of Opticians, leading to  
licensure; that I have been personally acquainted with him/her for approximately \_\_\_\_\_ years;  
and that I know him/her to be a person of good moral character.

Additional comments, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Must submit original forms – NO facsimiles or photocopies**





# North Carolina State Board of Opticians

Sue M. Hodgins  
Director

P.O. Box 6758  
Raleigh, NC 27628-6758

Phone: (919) 420-1390  
Fax: (919) 420-1361

## CHARACTER REFERENCE

This is to certify that I understand that \_\_\_\_\_  
is making an application with the North Carolina State Board of Opticians, leading to  
licensure; that I have been personally acquainted with him/her for approximately \_\_\_\_\_ years;  
and that I know him/her to be a person of good moral character.

Additional comments, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Must submit original forms – NO facsimiles or photocopies**



## Retain This Disclosure for Your Records

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

**\*\* IMPORTANT INFORMATION \*\***

***Background Investigations for NC-Licensed Opticians, Trainees, and Board Applicants***

All NC-licensed opticians received, as a part of their 2017 renewal notice mailing, a *Disclosure Regarding Background Investigation* form. Board staff has talked with many of you over the last couple days in an effort to allay your fears of the Board improperly reviewing your personal information, and we hope that the following can help alleviate any uncertainty you might have.

As you may know the Board, from time to time, has conducted random criminal background checks on applicants and licensees, as allowed by the NC General Statutes, to verify that they possess good moral character and/or have not been convicted of a crime involving fraud or moral turpitude. Because the Board intends to use a third-party vendor for such criminal background checks going forward, the Board is required by federal law to provide you with a separate disclosure form, which is what you received with your recent renewal form.

Each time in the past that you've applied for a renewal, or the Exam, or registered as a trainee, you've signed to the paragraph called an *Affidavit of Applicant*, asserting to the Board that there's no untruthful information in the application and that the Board has permission to investigate anything it deems necessary about that particular application. This new stand-alone disclosure form will not change the Board's current practices to run random criminal background searches. Rather, it is intended to make sure you understand that a criminal background may be conducted by a third-party vendor.

***If you have any questions about this information,***

***you are welcome to contact the State Board of Opticians office directly at (919) 420-1390.***

**§ 90-241. Waiver of written examination requirements.**

- (a) The Board shall grant a license without examination to any applicant who:
- (1) Is at least 18 years of age.
  - (2) Is of good moral character.
  - (3) Holds a license in good standing as a dispensing optician in another state.
  - (4) Has engaged in the practice of opticianry in the other state for four years immediately preceding the application to the Board.
  - (5) Has not violated this Article or the rules of the Board.

(b) The Board shall grant admission to the next examination and grant license upon attainment of a passing score on the examination to a person who has worked, in a state that does not license opticians, in opticianry for four years immediately preceding the application to the Board performing tasks and taking the curriculum equivalent to the North Carolina apprenticeship, and who meets the requirements of G.S. 90-237(1) through (3).

(c) Any person desiring to secure a license under this section shall make application therefor in the manner and form prescribed by the rules of the Board and shall pay the fee prescribed in G.S. 90-246.

(d) Repealed by Session Laws 1997-424, s. 2. (1951, c. 1089, s. 8; 1977, c. 755, s. 4; 1979, c. 166, ss. 2, 3; 1981, c. 600, s. 9; 1997-424, s. 2.)

21 NCAC 40 .0319                    **APPLICANTS FROM OTHER STATES**

(a) An applicant seeking licensure in North Carolina under G.S. 90-241(a) shall tender an application to the Board as set out in 21 NCAC 40 .0104 accompanied by affidavits from two employers for whom the applicant worked as an optician for the four years immediately preceding the application to the Board, and affidavits from two persons who can attest to the moral character of the applicant. In addition, the applicant shall furnish affidavits from two licensed refractionists, either ophthalmologists or optometrists, for whom the applicant has practiced the profession of opticianry in the state in which the applicant claims credit for the four years prior to the application. An application under G.S. 90-241(a) shall be filed with the Board within 90 days following the termination of the applicant's out-of-state opticianry work for which the applicant claims credit.

(b) An applicant seeking admission to an examination under G.S. 90-241(b) shall tender an application to the Board as set out in 21 NCAC 40 .0104 accompanied by affidavits from two persons under whom or with whom the applicant worked in the practice of opticianry in the other state, either in one or multiple places of business. The application and the affidavits shall describe the tasks performed by the applicant in the other state and the dates the tasks were performed.

*History Note: Authority G.S. 90-237; 90-239; 90-241; 90-249(12);  
Eff. November 1, 1981;  
Amended Eff. August 1, 1998; December 1, 1994; July 1, 1991;  
February 1, 1989; Pursuant to G.S. 150B-21.3A, rule is necessary without  
substantive public interest Eff. December 22, 2018;  
Amended Eff. December 1, 2019.*