

# North Carolina



State Board of Opticians  
P.O. Box 6758  
Raleigh, NC 27628-6758  
Telephone: (919) 420-1390

## APPLICATION TO REGISTER TO SERVE 3 1/2 YEAR APPRENTICESHIP LEADING TO ADMISSION TO SIT FOR LICENSURE EXAMINATION (Statutory Authority - General Statutes 90-240, -253; NCAC Title 21, Chapter 40, Sections .0314 & .0207)

**\*\*\* Complete each item, obtain signatures of applicant & trainer. Mail original with Fee. \*\*\***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_ [ ] *Permission to share email address*

Registered Optical Training Establishment Where Apprenticeship Will Be Served \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Certificate program (effective March 1, 1996) in which you intend to enroll:**

**(Applicant certifies)** 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 and supervision. As far as I am able to determine, I meet all of the requirements to apply for this NC registration. 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.

The **applicant** and **trainer** certify that they have read and do understand the Board's published requirements for the apprenticeship program, including (1) *Training Establishment Required Optical Equipment*, (2) *Schedule of Work Processes, Hours & Related Instruction*, and (3) *Standards of Proficiency the Trainee Will Be Required to Accomplish*; that they understand that no training credit will be given for work which does not comply with the program requirements; and that the apprenticeship registration automatically expires July 1<sup>st</sup> of each year and must be renewed annually.

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

\_\_\_\_\_  
Signature of Trainer License Number

\_\_\_\_\_  
Date

**\*\*\* Registration fee of \$35 must accompany this application. \*\*\*  
(No fee required to update trainer and/or Training Establishment.)**