



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, based on your military training and experience; the NC State Board of Opticians thanks you for your service, and is pleased to provide you with these instructions on licensure under G.S. 93B-15.1 and an application package.

Please read the *Instructions to Applicant* page carefully and in its entirety; failure to do so will delay your application's processing. 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 a determination will be made within the 30-days of receipt required by G.S. 93B-15.1. Individuals will receive written acknowledgement of the application's receipt and status, and then the Board's decision regarding their licensure status

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

NC State Board of Opticians

Enclosures

December 2016

North Carolina



State Board of Opticians

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

APPLICATION FOR LICENSE TO PRACTICE OPHTHALMIC DISPENSING PURSUANT TO G.S. 93B-15.1 MILITARY TRAINING / EXPERIENCE or SPOUSE OF MILITARY PERSONNEL

(Please type or print clearly)

Military Service Member _____

Spouse of Military Service Member _____

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 _____

Other schools attended _____

Other states' licenses held and dates licensed _____

Dates of Military Service _____

Discharge Date _____

Attach copy of DD-214 as proof of Military Occupational Specialty (MOS) certification and experience in opticianry.

INSTRUCTIONS TO APPLICANT
Please read carefully – submit all required documentation

Any military-trained individual or spouse of military personnel wishing to obtain the right to practice as a dispensing optician shall, before it shall be lawful to do so in the State of North Carolina, make application to the North Carolina State Board of Opticians upon such form and such manner as provided by said Board, and obtain a license from the Board to do so.

The Board shall consider for licensure any candidate who submits evidence satisfactory to the Board, verified on oath, that the applicant is qualified as prescribed in G.S. 93B-15.1.

Military service personnel shall:

- (1) be in possession of a military occupational specialty and have done all of the following at a level that is substantially equivalent to or exceeds the requirements for licensure as an optician in North Carolina: (a) completed a military program of training, (b) completed testing or equivalent training and experience, and (c) performed in the occupational specialty**
- (2) have engaged in the active practice of the opticianry for at least two of the five years preceding the date of the application
- (3) have not committed any act in any jurisdiction that would constitute grounds for refusal, suspension, or revocation of a license to practice opticianry in North Carolina at the time the act was committed

or

- (1) present official, notarized documentation (e.g. DD-214) attesting to the MOS certification and experience
- (2) have taken and passed the Board's licensure/proficiency exam

Spouses of military personnel shall:

- (1) possess a valid optician's license from another state or jurisdiction whose requirements for licensure are substantially equivalent to or exceed those of the Board**
- (2) document opticianry experience for at least two of the five years preceding the date of the application
- (3) not have committed any act in any state or jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice opticianry in this state at the time the act was committed
- (4) be in good standing and have not been disciplined by the agency that had jurisdiction to issue the license

**Please note that, under G.S. 90-237, non-military trained applicants for licensure as an opticians in North Carolina are required to pass an examination conducted by the Board to determine fitness to engage in the business of a dispensing opticians and to complete a 6-month internship by working full time under the supervision of a licensed optician, optometrist, or physician trained in ophthalmology, in order to demonstrate proficiency in the areas of measurement of the face, and fitting and adjusting glasses and frames to the face, lens recognition, lens design, and prescription interpretation.

An unmounted recognizable passport-size photograph, for the purpose of identification, should be attached securely to the space indicated on the application.

Mail completed application, required documentation and application fee to: NC State Board of Opticians
PO Box 6758
Raleigh, NC 27628-6758

For overnight/expedited delivery, application package should be sent to: NC State Board of Opticians
2009 Fairview Road, #6758
Raleigh, NC 27628

APPLICANTS WHO HAVE NOT TAKEN AND PASSED THE BOARD'S LICENSURE/PROFICIENCY EXAM MUST COMPLETE THE FOLLOWING:

Have you committed any of the following acts in any jurisdiction:

- (1) Offered to practice or practicing as a dispensing optician without a license? Yes _____ No _____
- (2) Aided or abetted an unlicensed person in offering to practice or practicing as a dispensing optician? Yes _____ No _____
- (3) Sold, transferred, or assigned a license? Yes _____ No _____
- (4) Engaged in fraud or misrepresentation to obtain or renew a license? Yes _____ No _____
- (5) Engaged in false or misleading advertising? Yes _____ No _____
- (6) Advertised in any manner that conveys or intends to convey the impression that eyes are examined by persons licensed by this Board or optical places of business registered by this Board? Yes _____ No _____
- (7) Engaged in malpractice, unethical conduct, fraud, deceit, gross negligence, incompetence, or gross misconduct? Yes _____ No _____
- (8) Been convicted of any felony or misdemeanor (exclude minor traffic violations)? Yes _____ No _____
- (9) Violated any provision of GS Chapter 90, Article 17, or the rules adopted by the Board? Yes _____ No _____

If you answered yes to question 8 above, attach explanation to the application and provide a copy of the court judgement.

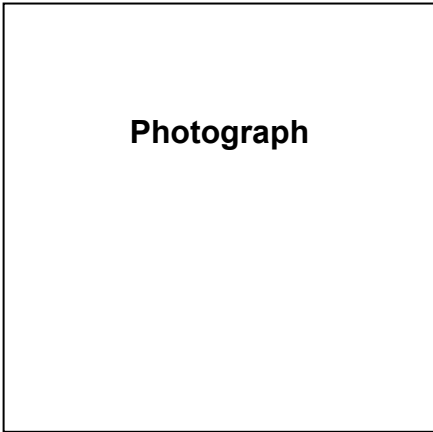
If copy has been submitted

previously, initial here _____ and do not re-submit.

ABO Certified: Yes No Date Certified _____

NCLE Certified: Yes No Date Certified _____

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 Statues 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.

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.

Applicant Signature

Date



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LICENSURE DOCUMENTATION FORM

- to be completed by spouses of military service personnel -

*** This form must be completed, signed and sealed by your State Board. ***

RE: Application for licensure in North Carolina

In reference to application for licensure in North Carolina, the North Carolina State Board of Opticians requests verification of the following information from your state licensing board.

_____ stated that he/she holds a current valid optician's license in the State of _____, and is in good standing, at this time, with your state licensing board.

License Number _____

Date License Issued _____

Date License Expires _____

Contact Lens Certified yes _____ no _____

Current and in good standing yes _____ no _____

Signed _____

Date _____

Board Seal



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EMPLOYMENT DOCUMENTATION FORM

APPLICANTS WHO HAVE NOT TAKEN AND PASSED THE BOARD'S
LICENSURE/PROFICIENCY EXAM MUST COMPLETE THE FOLLOWING:

I certify that _____ has been employed
as a licensed optician by our company:

(Business Name)

(Street Address)

(City) (State) (Zip)

()

(Telephone)

Dates: from _____ to _____ In the
(month/day/year) (month/day/year)

State of _____

Duties: _____

Signature

Printed Name

Authorized HR Representative

Date



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Duties: _____

Signature

Printed Name

Authorized HR Representative

Date



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State Board of Opticians**
P.O. Box 6758
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Email: info@ncopticiansboard.org

DOCUMENT FROM DOCTORS

APPLICANTS WHO HAVE NOT TAKEN AND PASSED THE BOARD'S
LICENSURE/PROFICENCY EXAM MUST COMPLETE THE FOLLOWING:

I certify that _____ has

practiced opticianry at _____

in the State of _____ as a licensed dispensing

optician and has filled my prescriptions from:

Date: from _____ to _____
(month/day/year) (month/day/year)

Signature Title Lic. #

Date _____

Must submit original forms – NO facsimiles or photocopies



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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



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Date: _____

Typed or printed name

Signature

Address

City

State

Zip

Must submit original forms – NO facsimiles or photocopies

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The North Carolina State Board of Opticians (“the Board”) may obtain information about you from a consumer reporting agency for licensure purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regards to applicants for licensure is an investigation into your education, criminal history, and/or employment history conducted by an outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the North Carolina State Board of Opticians (“the Board”) at any time after receipt of this authorization and throughout my period of licensure, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by an outside organization acting on behalf of the Board, and/or the Board itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____

Date: _____

Print Name: _____

License or Registration Number: _____

(to be completed by Board)

Complete and return to: NC State Board of Opticians
PO Box 6758
Raleigh, NC 27628-6758

Retain This Disclosure for Your Records

Para información en español, visite 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 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 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 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.
- **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.

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:

TYPE OF BUSINESS:	CONTACT:
<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 & 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.

21 NCAC 12A .0309 LICENSURE FOR MILITARY-TRAINED APPLICANT; LICENSURE FOR MILITARY SPOUSE

(a) Licensure for a military-trained applicant. Upon receipt of a request for licensure pursuant to G.S. 93B-15.1 from a military-trained applicant, the Board shall issue a license to the applicant who satisfies the following conditions:

- (1) submission of a complete Application for License to Practice General Contracting;
- (2) submission of a license fee in accordance with G.S. 87-10;
- (3) providing documentation to satisfy conditions set out in G.S. 93B-15.1(a)(1) and (2); and
- (4) providing documentation that the applicant has not committed any act in any jurisdiction that would constitute grounds for refusal, suspension, or revocation of a license in North Carolina at the time the act was committed.

(b) Licensure for a military spouse. Upon receipt of a request for licensure pursuant to G.S. 93B-15.1 from a military spouse, the Board shall issue a license to the applicant who satisfies the following conditions:

- (1) submission of a complete Application for License to Practice General Contracting;
- (2) submission of a license fee in accordance with G.S. 87-10;
- (3) submission of written documentation demonstrating that the applicant is married to an active member of the U.S. military;
- (4) providing documentation to satisfy conditions set out in G.S. 93B-15.1(b)(1) and (2);
- (5) providing documentation that the applicant has not committed any act in any jurisdiction that would constitute grounds for refusal, suspension, or revocation of a license in North Carolina at the time the act was committed; and
- (6) is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license, certification, or permit.

*History Note: Authority G.S. 87-4; 93B-15.1;
Eff. April 1, 2014;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016;
Recodified from 21 NCAC 12 .0309 Eff. January 2, 2020.*