



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

Phone: (919) 733-9321  
Fax: (919) 733-0040  
Email: [info@ncopticiansboard.org](mailto:info@ncopticiansboard.org)

## APPLICATION FOR ADMISSION TO EXAMINATION IN OPHTHALMIC DISPENSING

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(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 \_\_\_\_\_

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

State with licensure credit \_\_\_\_\_ Date licensed \_\_\_\_\_

Licenses held in other states \_\_\_\_\_

Has Applicant completed:

National Academy of Opticianry's (NAO) Career Progression Certificate Program (or equivalent) Yes \_\_\_\_\_ No \_\_\_\_\_  
Durham Technical Community College's Apprenticeship Certificate Program Yes \_\_\_\_\_ No \_\_\_\_\_

*(Must include proof of completion of either program indicated)*

ABO Certification Yes \_\_\_\_\_ No \_\_\_\_\_ Certification Date: \_\_\_\_\_

NCLE Certification Yes \_\_\_\_\_ No \_\_\_\_\_ Certification Date: \_\_\_\_\_

*(Must include proof of certifications indicated)*

Daytime Telephone Contact Number \_\_\_\_\_

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

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## 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; **proof of high school graduation (diploma copy or transcript) 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 nine components: *Lens Surfacing/Finishing; Prescription (Rx) Interpretation\**, *Anatomy of the Eye, Theory of Light, Ophthalmic Lenses\**, *Measurements of the Face, Contact Lenses (written)\**; *Eyeglasses (practical)*, and *Contact Lenses (practical)*. A passing grade of 70 is required for each component.

- Applicants who have taken and successfully passed the American Board of Opticianry (ABO) Certification Examination during the three (3) years immediately preceding taking the NC State Board of Opticians Licensure Examination will not be required to take the *Rx Interpretation* and *Ophthalmic Lenses* components.
- Applicants who have taken and successfully passed the National Contact Lens Examiners (NCLE) Certification Examination during the three (3) years immediately preceding taking the NC State Board of Opticians Licensure Examination will not be required to take the *Contact Lens (written)* component.

**Proof of ABO and/or NCLE certifications must be submitted.**

#### Application Submission

**Applications and the non-refundable Examination fee of \$200 (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 27608

# OPTICAL EXPERIENCE

Information submitted as your "Optical Experience" constitutes your declaration that you have obtained practical training and experience of a grade and character satisfactory to the Board. List and *fully describe* duties performed, and give names of supervisors or instructors from whom you received your training. Expand your duties' description to more than one block if necessary; the Board requires a *full* description of your optical history and experience.

**(Please Print Clearly)**

EMPLOYER'S NAME, COMPLETE ADDRESS and TELEPHONE NUMBER	DATES (month/day/year)		DETAILED DUTIES and NAME OF SUPERVISOR
	FROM	TO	

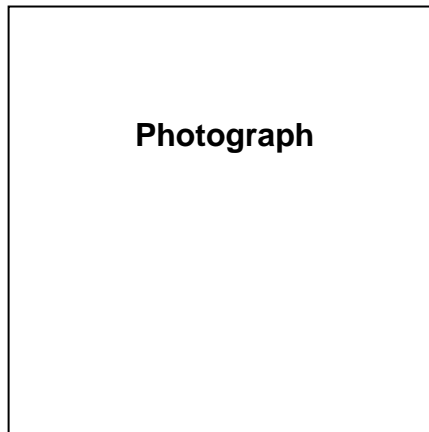
If additional space is needed for more optical history/experience, attach separate sheet

## 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



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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



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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

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State

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Zip