Ophthalmic Dispensing Form 1	The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov	Department Use Only					
Application for Applicants Must Complete All Four P		1 55 \$108 ER					
2 Social Security Number (Leave this blank if you do not have a U.S. Social Security N		NYS License Number					
3 Birth Date Month Day Year	Date Issued						
4 Print Name							
		Initials					
First Middle		6 Telephone/E-Mail Address					
Licensee business address, phone and e-mail address business or home on this form for each item will dee 5 Mailing Address: Home or Business (You must notify the Department promptly of any add	n it public information.	Daytime Phone: Home or Business Image: Strain S					
Line 1							
City		7 New York State DMV ID Number (Driver or Non-Driver ID)					
State Zip Code							
Country/ Province		(Leave this blank if you do not have a New York State DMV ID Number)					
8 Name as it appears on degree or other credentials (i	different from above):						
9 Have you previously applied for a license, registratio	n, or certificate in any profession in any jurisdictior	n? YES NO					
10 Do you now hold, or have you ever held, a license or (If so, list below and attach other pages as needed.)	certificate to practice any profession in any jurisd	iction? I YES I NO					
Profession	License Number	Jurisdiction					
Have you ever been found guilty after trial, or pleaded misdemeanor) in any court?	I guilty, no contest, or nolo contendere to a crime	(felony or YES NO					
12 Are criminal charges pending against you in any cour	?						
13 Has any licensing or disciplinary authority refused to a surrender of, suspended, placed on probation, refuse previously, or ever fined, censured, reprimanded or o	d to renew a professional license or certificate hel						
14 Are charges pending against you in any jurisdiction for	r any sort of professional misconduct?	🗌 YES 🗌 NO					
15 Has any hospital or licensed facility restricted or term or have you ever voluntarily or involuntarily resigned of such measures ?							
NOTE: If you answer "Yes" to any questions numbered 9-13, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.							
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16	In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school. Please print. Attach additional sheets if necessary.							
A. NAME OF SCHOOLS ATTENDED AND LOCATIONS		B. NUMBER OF	C. ATTENDANCE		D. TITLE OF DIPLOMA OR			
	YEARS ATTENDED		Entrance Date	Leaving Date	DEGREE OBTAINED*			
Hi	gh School							
Sc	hool Name		/ yr	/ yr				
Ci	y State/Country	B			D			
	hool Name		mo yr	mo yr				
Ci	y State/Country							
Pr	ofessional School(s)	*Note: If your p of your degree	professional schoo /diploma in the orig	l was located out ginal language, at	side the U.S., and you have a copy tach a copy to this form.			
Sc	hool Name							
Ci	y State/Country		/ yr	/ yr				
Sc	hool Name	_						
Ci	y State/Country	– В	mo yr	mo yr	D			
Sc	hool Name		1	/				
Ci	y State/Country		mo yr	mo yr				
17	When did you pass the ABO's National Opticianry Competency Examination?// / month year	I						
	When did you pass the NCLE's Contact Lens Registry Examination?/// year							
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18	CHILD SUPPORT OBLIGATION:					
	Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.					
		plete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation port can be issued a credential for no more than six months in order to comply with their child support obligations.				
	Check only A c	or B below. If you check B, you must check one of the five statements listed below it.				
	A 🗌 I am no	ot under an obligation to pay child support				
		OR				
	B 🗌 lam u	nder an obligation to pay child support and (please check only one of the following)				
	I am	o current and am not four months or more in arrears in the payment of child support: or,				
	L I am	making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,				
	🗋 The	child support obligation is the subject of a pending court proceeding; or,				
	🗌 I am	n receiving public assistance or supplemental security income; or,				
	Non	e of the above four statements apply.				
	* New York Sta	ate General Obligations Law, section 3-503.				
40						
19		IMMIGRATION STATUS:				
	Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.					
	I am:					
	A. AU	United States citizen or National.				
	□B. An	alien lawfully admitted for permanent residence in the United States.				
	C. An	alien granted asylum under Section 208 of the Immigration and Nationality Act.				
	D. Ar	refugee granted asylum under Section 207 of the Immigration and Nationality Act.				
	E. An	alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.				
	□F. An	alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.				
		alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.				
		Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to ve a Visa to enter the United States:				
		m an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar ief from deportation. Please specify:				
	□J. Ide	o not reside in the United States.				
	If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number:					
	QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.					
20	GENDER AND	ETHNICITY: (This item is optional.)				
	Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.					
	GENDER:	Male Female				
	ETHNICITY:	White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American				
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21	1 EDUCATION PROGRAM REVIEW					
	I give permission to the New York State Education Dep	partment to release my ex	amination res	ults to my	professio	nal school
	for the confidential purposes of program review and in		anning. I may	/ rescind t	his autho	rity at any
	time by notifying the Division of Professional Licensing	Services in writing.				
	Yes					
	□ No					
	Please initial:					
22	2 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization	required.)				
	APPLICANT					
	I declare and affirm that the statements made in this ap and correct. I understand that any false or misleading i for denial or loss of licensure and may result in criminal of a Notary Public.	nformation in, or in conne	ction with, my	application	n may be	cause
	Signature of the applicant:					
	Date: / / Month Day Year					
	NOTARY					
	State of	County of				
	On the day of	in the year	before n	ne, the	above	signed,
	personally appeared,					
	Applicant Name evidence to be the individual whose name is subscribe					
	the application and swore that the statements made t	oy him/her in the applica	tion and all su	pporting r	naterials	are true,
	complete, and correct.					
	Notary Public signature					
	Notary ID number		Notary	Stamp		
	Expiration date: / / / / / Yea	r				
Mai						
	lail this form and appropriate fee to: New York State Educ Y 12201. DO NOT SEND CASH. Make check or money ord					53, Albany,