

**Continuing Education:** Every ophthalmic dispenser registered to practice in New York State must complete approved continuing education. Ophthalmic dispensers are required to complete eighteen (18) hours of continuing education during each three-year registration period with no more than 3 hours of study related to the dispensing and fitting of contact lenses and no more than 3 hours in self-study courses. Ophthalmic dispensers certified as contact lens practitioners must take 20 hours of continuing education in each three-year registration period, with at least 10 hours of study related to dispensing and fitting contact lenses and no more than 3 hours in self-study courses. The required number of hours is calculated at the rate of 0.5 hours per month for ophthalmic dispensers and 0.56 hours per month for ophthalmic dispensers certified as contact lens practitioners, regardless of the number of months in a registration period. Course work must be taken from organizations approved by the Department as sponsors. Ophthalmic dispensers are exempt from the requirement for the first 3 years following **initial** licensure. Each licensee must maintain documentation of completion of required course work for a period of six years and be subject to audit by the New York State Education Department. Do not send any continuing education documents with this application.

**The following instructions are ONLY for those individuals who have NOT met continuing education requirements.**

**Individuals who have NOT met the continuing education requirement MUST choose one of the following options and return this form with their Registration Remittance Document and fee (if required).** Your signature indicates agreement with the terms of the option you have selected.

1.  I do not intend to practice in New York State during the period indicated on the Registration Remittance Document, and request that my registration be placed in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing education requirement. If you intend to resume practicing in New York State, you must meet certain continuing education requirements **prior to reactivating your registration**. You may not practice ophthalmic dispensing in New York State if you are not registered.

Name (please print) \_\_\_\_\_ License # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

2.  I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to:

- pay the full registration fee for the one year conditional registration;
- complete the continuing education hours you are lacking from your previous registration period;
- complete the regular continuing education requirement prorated for the one-year conditional registration period, and, at the end of the conditional registration period,
- provide proof of course completion and pay the required registration fee for the remaining two years of your registration when the conditional registration expires.

Prior to the end of the one-year conditional registration period, you will be sent a Registration Remittance Document that you must complete and submit with the fee and proof of course completion before you will receive a registration for the remaining two years. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Name (please print) \_\_\_\_\_ License # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

3.  I request an **ADJUSTMENT** to the continuing education requirements for registration.

Adjustments to the continuing education requirement may be granted by the Department for reasons of health documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or other good cause. A written explanation documenting the circumstances which prevented compliance with Education Law must be included with this form.

Name (please print) \_\_\_\_\_ License # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**IF YOU HAVE NOT MET THE CONTINUING EDUCATION REQUIREMENT,  
SUBMIT THIS FORM WITH YOUR REGISTRATION REMITTANCE DOCUMENT  
AND APPROPRIATE FEE (IF REQUIRED) IN THE ENVELOPE PROVIDED.**

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Ophthalmic Dispensing  
New York State Education Department  
89 Washington Avenue, Second Floor  
Albany, New York, 12234-1000

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Fax: 518-402-5944

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