



## **Dispensing Optician by Endorsement License Application Packet**

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### **Important Social Security Number Information:**

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360-236-4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### **In order to process your request:**

**Mail your application with initial  
documentation and your check  
or money order payable to:**

Department of Health  
PO Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent  
with initial application to:**

Dispensing Optician Credentialing  
PO Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360-236-4700

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## Application Instruction Checklist

**Important background check Information:** Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the required forms.

**Application Fee.** (This fee is non-refundable). You can check the online [fee page](#) for current fees.

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

**National Provider Identifier Number (NPI):** The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

**Legal Name:** List your full name: first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this application form, your application may be denied.

**Birth date:** Provide the month, day and year of your birth.

**Birth place:** Provide the city, state, and country where you were born.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county and country. This will be your permanent address with Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax, and Cell Numbers:** Enter your phone, fax, and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Education:**

List in date order all your educational preparation and post-graduate training. Attach additional pages if you need more space.

**4. Experience:**

List in date order all your professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space.

**5. Other License, Certification, or Registration:**

List all states where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. Attach additional pages if you need more space.

**6. AIDS Education and Training Attestation:**

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#).

**7. Applicant’s Attestation:**

You must sign and date this for us to process the application.

## **Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington**

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at [the military resources page](#) and include supporting documentation with your application.

## License Requirements

A license to practice as a dispensing optician may be issued without examination to an individual who is currently licensed in another state that has licensing standards substantially equivalent to those in Washington State.

**Note:** License based solely on the American Board of Opticianry (ABO) examination or the National Contact Lens Examiner's (NCLE) examination is not interpreted as being substantially equivalent to current Washington State requirements.

- Documentation from the state where the applicant is currently licensed to establish that the states licensing standards are substantially equivalent to the licensing standards in Washington State include:
  - A current copy of the law for each state(s) in which an applicant holds a license.
  - Detailed information on the content of the required licensing examinations.
- A completed open-book state law questionnaire.
- Documentation of completion of four clock hours of AIDS education as required in chapter [246-12 WAC part 8](#).
- Verification from all states where the applicant has ever held a license, whether active or inactive, indicating whether the applicant is or has been subject to charges or disciplinary action for unprofessional conduct or impairment. Form provided.
- Official high school transcripts or equivalency forwarded directly from the issuing agency

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Revenue 0260010000

## Dispensing Optician by Endorsement Application

Please type or print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

### 1. Demographic Information

<b>Social Security Number (SSN)</b> (If you do not have a SSN, see instructions)	<b>National Provider Identifier Number (NPI)</b> (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Name	First	Middle	Last
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Birth date (mm/dd/yyyy)	<b>Place of birth</b>		
	City	State	Country

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address:

Mailing address if different from above address of record

City	State	Zip Code	County
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Country

**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?  Yes  No If yes, list name(s):

Will documents be received in another name?  Yes  No If yes, list name(s):

Completed High School     General Education Development (GED)

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions (cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction .....

**Note: If you answered “yes” to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.**

- b. If you answered “yes” to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? .....

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? .....

## 3. Education

List in date order all your educational preparation. Attach additional pages if you need more space.

Schools Attended Full Name, City and State	Degree Earned	Attendance Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 4. Experience

List in date order all your professional experience and practice from date of graduation from professional college. Include the month/day/year. Attach additional pages if you need more space.

Name of Business	Total Number of Months	Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 5. Other License, Certification, or Registration

List all states where licenses are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. Attach additional completed pages of you need more space.

State Jurisdiction	License Number	License		Method of License
		Issue Date	Expiration Date	

## 6. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand that if I provide any false information, my license may be denied, or if issued, suspended or revoked.**

Applicant's Initials	Date

## 7. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of  
(Print applicant name clearly)

the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_  
(Signature of applicant)

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Washington State Department of  
**Health**  
Dispensing Optician credentialing  
PO Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Out-Of-State Credential Verification

### To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered. Instruct them to return the form directly to the above address. Make a copy of this form if you need to send it to more than one state or jurisdiction. Agencies normally charge a fee for verification. Please check in advance to help expedite this process.

Name:	Last	First	Middle
Mailing Address			
City	State	Zip Code	
Any other names used:			
License, Certification, or Registration Number		Date Issued	

Have the licensing agency return this completed form to the above address.

If you have any questions, please call 360-236-4700.

## (To be Completed by the Regulatory Agency)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of license, certification, or registration holder:		
Authority providing verification: (state, name & title)		
Applicant licensed, certified, registered by: Written Examination	Date:	Score:
Name of examination:		
Other Examination	Date:	Score:
Name of examination:		
Is it current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiration Date:	
Is this individual considered to be in good standing in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please attach explanation.		
Have they ever been denied? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Surrendered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reinstated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", please provide a copy of the final order or other documentation of action taken.		
If this individual has been disciplined, has he/she successfully completed all requirements and is currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature: \_\_\_\_\_

(SEAL)

Title: \_\_\_\_\_

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

## Washington State Dispensing Optician Program State Law Examination

**Please circle the correct response.**

1. Who is responsible for maintaining a record of the dispensing optician apprentice's hours?
  - a) The Department of Health
  - b) The Department of Health Supervisor of the Dispensing Optician Program
  - c) The apprentice's primary supervisor and the apprentice
  - d) The apprentice's employer
2. Who must notify the Secretary when the apprenticeship training is terminated and provide the total number of apprenticeship hours accumulated during the training period?
  - a) The apprentice's employer
  - b) The apprentice
  - c) The Department of Health Supervisor of the Dispensing Program
  - d) The apprentice's primary supervisor
3. All application documentation and fees must be submitted to the Department of Health at least \_\_\_\_\_ days prior to the scheduled examination.
  - a) 15
  - b) 30
  - c) 60
  - d) 90
4. Every qualified applicant must pass an examination with a score of at least \_\_\_\_\_ percent in each of the three examination sections.
  - a) 65
  - b) 70
  - c) 75
  - d) 80
5. Which of the following is NOT included in the examination?
  - a) Written basic optical concepts
  - b) Practical
  - c) Written contact lenses
  - d) Written and practical refraction
6. If an applicant fails to pass the entire examination after three consecutive regularly scheduled examinations (emergencies may be considered), the applicant is required to complete
  - a) Reexamination on all three sections
  - b) A one year waiting period
  - c) Additional coursework
  - d) A passing rate of 80%
7. Applicants must complete \_\_\_\_\_ clock hours of AIDS education.
  - a) 2
  - b) 4
  - c) 6
  - d) 8
8. Contact lens records shall contain all the following information, except:
  - a) DK value of material
  - b) Base Curve
  - c) Power
  - d) Diameter
9. No person may practice or represent himself or herself as a dispensing optician without first having \_\_\_\_\_
  - a) ABO certification.
  - b) NCLE certification.
  - c) A valid license to do so.
  - d) A doctor's license to work under.
10. A prescription may be written for less than two years if:
  - a) Warranted by the ocular health of the eye
  - b) The prescription is for extended wear contact lenses
  - c) The patient is new
  - d) The prescription is more than plus or minus three diopters.

11. If a prescription is written for less than two years, the prescriber must:
- Contact the optical lab
  - Send a notice to the patient prior to its expiration
  - Maintain a separate log of prescriptions that expire in less than two years
  - Enter an explanatory notation in the patient's record and provide a verbal explanation to the patient at the time of the eye examination
12. How many hours of continuing education must be completed by an optician?
- 15 hours each year
  - 30 hours every 3 years
  - 12 hours every two years
  - 35 hours every two years
13. The finalized contact lens prescriptions shall be available to the patient or the patient's designated practitioner for replacement lenses and may be transmitted by:
- Telephone
  - Facsimile or mail
  - Provided directly to the patient in writing
  - All of the above
14. Which of the following is NOT required as minimum equipment for a Washington licensed dispensing optician while fitting contact lenses?
- Slit lamp or biomicroscope
  - Lensometer
  - Keratometer
  - Binocular indirect ophthalmoscope
15. An unlicensed person may perform mechanical work upon \_\_\_\_\_ in an optical office, laboratory or shop.
- Inert matter
  - A patient
  - A customer
  - Any consumer
16. A dispensing optician license is required to engage in all of the following, except:
- Engaging in the sale of spectacles, eyeglasses, magnifying glasses, goggles, sunglasses, telescopes, binoculars, or any such articles which are completely preassembled and sold only as merchandise.
  - Measuring pupillary distances on patients.
  - Measuring multifocal heights on patients.
  - Adjusting eyeglasses on patients.
17. A licensed dispensing optician may NOT \_\_\_\_\_
- Own an optical business.
  - Fabricate, fit and dispense contact lenses upon prescription of an eye doctor.
  - Diagnose, treat, correct or prescribe for any human ailment, disease or injury.
  - Fabricate and dispense eyeglasses made to correct aphakia.
18. When may a licensed dispensing optician fit contact lenses?
- Only upon the request of an established patient.
  - Only when a patient brings in the empty boxes for refill.
  - Up to 4 years after the initial prescription.
  - Only upon a written prescription of physician or optometrist.
19. A license to practice as a dispensing optician must \_\_\_\_\_
- Be kept on the licensee's person at all times.
  - Be certified and kept on file at the licensee's county courthouse.
  - Be conspicuously displayed in the place of business of the licensee.
  - Be on file with the licensee's employer.
20. A contact lens fitting performed by a licensed dispensing optician, will include all but \_\_\_\_\_
- Conversion of the spectacle power to contact lens equivalents.
  - Contact lens design.
  - Material and manufacturer of the lens.
  - Alteration of the effect of the written prescription.
21. Which of the following describes a "Contact lens prescription issue date"?
- The date of the initial written prescription.
  - The date upon which the patient receives the finalized contact lens prescription at the completion of the fitting and follow-up evaluation.
  - The date the patient starts wearing the trial contact lenses.
  - The date the patient brings in their empty contact lens boxes for duplication.

22. Licensed opticians may adapt and fit contact lenses from a written prescription consisting of the refractive powers and a notation of "OK for Contacts" or similar language within \_\_\_\_\_ of the initial eye examination date.
- six days
  - six weeks
  - six months
  - sixteen months
23. If the patient is fitted for contact lens by a practitioner other than the initial prescriber, the contact lens specification shall be provided to the patient and to \_\_\_\_\_
- The initial prescriber.
  - A prescriber performing the follow-up evaluation.
  - The patient's medical doctor.
  - A third party designated by the patient.
24. When the prescriber completes the follow-up evaluation, the approved contact lens specifications shall become a \_\_\_\_\_
- Valid contact lens prescription.
  - Permanent part of the prescriber's records.
  - Matter of public record.
  - Contact lens order form.
25. Which of the following is considered unprofessional conduct?
- Providing false information when applying for a license
  - Misrepresentation or fraud in any aspect of the conduct of the business or profession
  - False or misleading advertising.
  - All of the above.
26. A practitioner's contact lens records must include all the specifications for the contact lenses. What must the opticians' records also include?
- DK value of the lens.
  - ABBE value of the lens.
  - Documentation of written advisement to the patient of the need to obtain a follow-up evaluation by a prescriber
  - A signed HIPAA form.
27. All of the following are included on an initial prescription for contact lenses except:
- Spectacle prescription.
  - Date of eye exam.
  - Contact lens specifications.
  - Signature of the prescriber.
28. In Washington State a contact lens prescription expires in:
- One year
  - Two years
  - Three years
  - Four years
29. At the conclusion of an eye examination for an eyeglass prescription, the prescribing doctor must:
- Personally walk the patient over to an affiliated eyeglass dispensary and hand the prescription to the optician.
  - Provide the patient one copy of the new eyeglass prescription.
  - Tell the patient the eyeglass prescription shall be mailed to him or her when the patient's insurance has paid the bill.
  - Provide the patient the new eyeglass prescription only if the patient insists.
30. A dispensing optician may supervise a maximum of \_\_\_\_\_ apprentices at any one time.
- 1
  - 2
  - 3
  - 5
31. When does a dispensing optician renew their license?
- Annually on the birth anniversary
  - Every 2 years
  - Every 3 years
  - Every 5 years
32. Washington State licensed dispensing opticians are required to maintain patient contact lens records for a minimum of:
- Seven years
  - Ten years
  - Five years
  - Eight years
33. A notation of "OK for contacts" on the prescription for corrective lenses indicates to the practitioner fitting the contact lenses that:
- The patient has been provided with trial lenses
  - The patient has expressed an interest in wearing contact lenses
  - The initial fitting and follow-up must be completed within six months of the date of the eye examination
  - The patient's vision plan covers contact lenses

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## **RCW/WAC and Online Web Site Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, UDA RCW 18.130](#)

[Administrative Procedure Act, APA RCW 34.05](#)

[Administrative procedures and requirements, WAC 246-12](#)

[Dispensing Optician Law, RCW 18.34](#)

[Dispensing Optician Rules, WAC 246-824](#)

### **Online**

[AIDS Training Resources, Reference Page](#)

[Dispensing Optician Program, Web page](#)