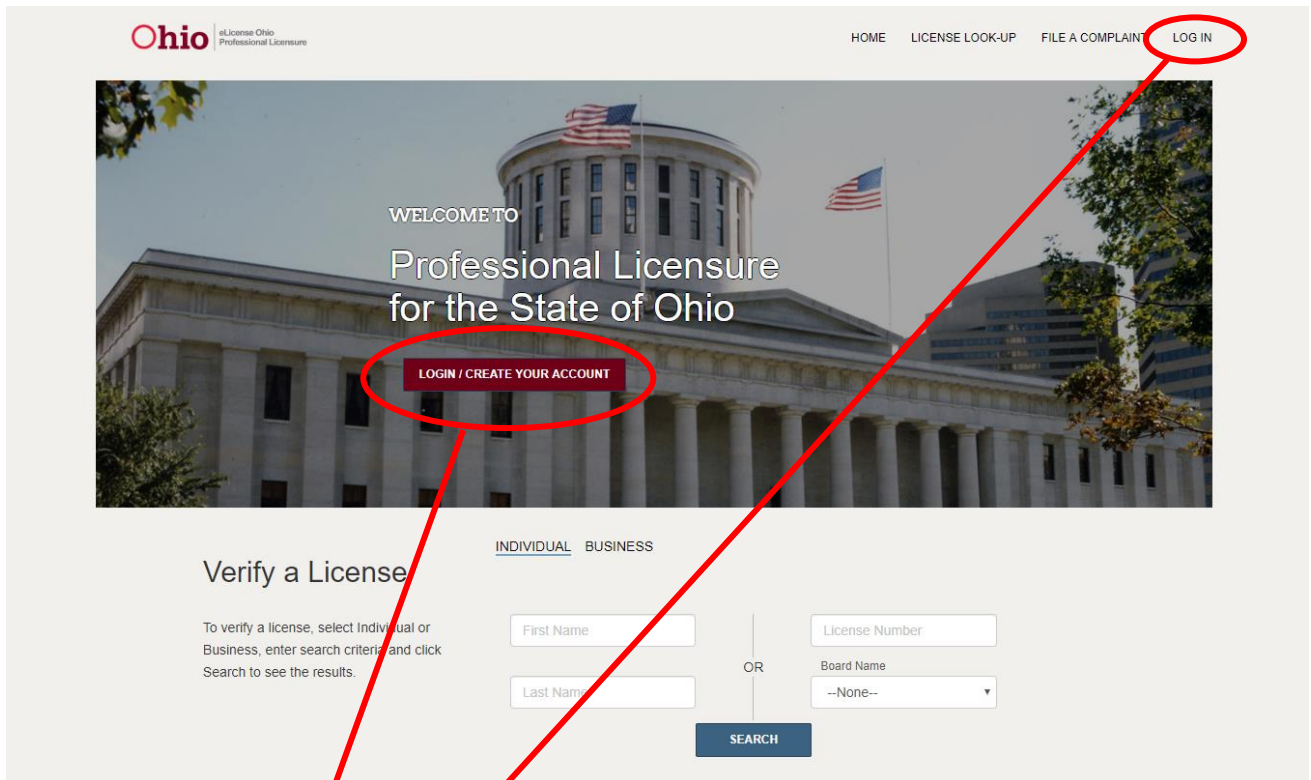


QUICK TIP: Optician / Ocularist Renewals with Uploading Continuing Education (CE) Hours



Log in to <http://elicense.ohio.gov>.

Need assistance logging in, please call 855-405-5514.

Welcome to your eLicense Dashboard

+ APPLY FOR A NEW LICENSE


MY HISTORY

Are you looking to apply for a new business license? First, add your business by clicking here before applying.

Your Licenses

To renew, edit, or update your license, please click on the Options button. Applications for a license are also shown on the bottom of the dashboard page.

SORT BY ▾


	Vision Professionals Board Optician [Redacted] Vision Professionals Board	INACTIVE Expired	EXP DATE 9/25/2019	OPTIONS ▾
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Select **OPTIONS**.

Your Licenses

To renew, edit, or update your license, please click on the Options button. Applications for a license are also shown on the bottom of the dashboard page.

SORT BY ▾

	Vision Professionals Board Optician [Redacted] Vision Professionals Board	INACTIVE Expired	EXP DATE 9/25/2019	OPTIONS ▾
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Select **RENEW**.

- Renew
- Reinstate
- Change Address
- Change Name
- License Upgrade
- Update Secondary Email
- Submit Additional Documentation
- License Downgrade
- Waiver of Continuing Education
- Manage Affiliations
- Request To Go Inactive
- Duplicate/Replacement Wall Certificate
- Send Verification

New License Applications

To edit or withdraw an application, please click on the Options button.

SORT BY ▾

The license application process is very simple. Instructions for each stage of the license application will explain what information is necessary to move forward to the next stage of the application process. The status

• **FIRST RENEWAL OF SPECTACLE LICENSE ONLY:**

- 2 hours of continuing education related to the dispensing of pre-packaged soft contact lenses when the only action is to match the description of the contact lenses that is on the packaging to a written prescription. Designated as "SCD".
- Spectacle License
 - 4 Spectacle Hours of which 1 may be a Management hour
 - 2 hours of continuing education related to the dispensing of pre-packaged soft contact lenses when the only action is to match the description of the contact lenses that is on the packaging to a written prescription. Designated as "SCD".
- Contact License
 - 8 Contact Lens Hours of which 2 may be Management hours
- Spectacle/Contact Lens License
 - 4 Spectacle of which 1 may be a Management hour/8 Contact Lens Hours of which 2 may be Management hours

Rule 4725 Ohio Administrative Code gives the Board the authority to grant waivers of continuing education on a case by case basis for documented evidence of hardship, illness, or service in the armed forces. All requests for waivers must be received no later than December 31st. Waivers are approved only at a regularly scheduled Board meeting. Check the web site for Board meeting dates at <http://vision.ohio.gov/>

Eligibility

By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.

If required, have you completed the required amount of Continuing Education or been granted a Continuing Education waiver? (Please read instructions above on requirements per license type)

Yes No

Select **YES** and then **PROCEED TO APPLICATION.**

PROCEED TO APPLICATION



License Renewal Application

Verify personal information, additional information, home/mailling address, work/public address, military service, etc. and select **SAVE AND CONTINUE.**

Personal Information

Questions

Other

Attachments

Review + Submit

Personal Information

Title

Miss

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Which form of an Optician License are you applying for?

Since your last renewal, have you been convicted of, found guilty of, pled guilty to, or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude in Ohio or any other state?

 Yes No

Since your last renewal, have you been denied a license by another state or U.S. territory?

 Yes No

In the drop-down menu select your current license type:

- Spectacle
- Contact Lens
- Spectacle/Contact lens

After your selection, answer the questions.

How have you completed your Continuing Education Requirements: (1) Requested and been granted a waiver of the Continue Education requirements; (2) Completed required CE hours required for renewal for this renewal period (list out information on each of the continuing education Courses that you have completed. Click "Add Group" to add options to input more courses. Please ensure that all continuing education requirements and hours have been recorded)

Date Obtained

Number of Hours

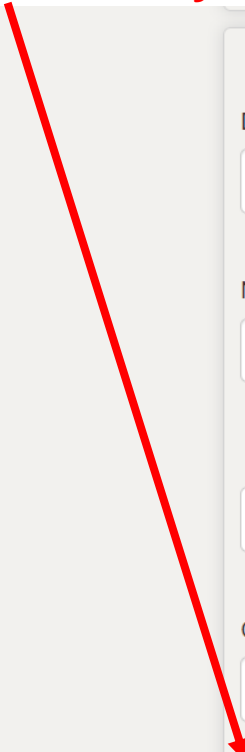
Type of Hours

Course Title

ADD ANOTHER

CONTINUING EDUCATION: Fill out the course information and select **ADD ANOTHER** until you have entered all the courses. Then select **SAVE AND CONTINUE**.

NOTE: If a course was added inadvertently, it must be deleted by using the trash can to continue.




Date Obtained

Number of Hours

Type of Hours

Course Title

 [ADD ANOTHER](#)

Personal Information Questions Other Attachments Review + Submit

Attachments

If applicable, upload the continuing education completion certificates for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by

Continuing Education
If applicable, upload the continuing education completion certificates for your license application by clicking the Add Attachment button.

OPT.006743.xlsx

ADD ATTACHMENT

When the certificate is attached correctly the extension displayed is **xlsx**.

Personal Information Questions Other Attachments Review + Submit

Application Review

Completed

Attestation

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

Select **I ACCEPT** and type in **First Name, Last Name** and select **SUBMIT**.

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER SUBMIT

Proceed to method of payment.