Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Licensing Division
OCULARISTS
P.O. Box 30018, Lansing, MI 48909
517-241-9288
www.michigan.gov/ocularists

Office Use Only	
Date Approved:	I.D. Number: 50-01-
Approved By:	Date Issued:

APPLICATION FOR OCULARIST REGISTRATION

AUTHORITY: P.A. 299 of 1980, MCL 338.3434(A), AND 42 USC 654
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Applicant's Name (Last, First, Middle)	Social Security Number	Date of Birth
Residence Address (Number, Street, City, State and Zip Code)	Suite Number	Telephone Number ( )
Business Name and Address (Number, Street, City, State and Zip Code)	E-mail Address	

Have you ever held a license in any other state(s)?

☐ Yes - Please attach a Verification of Good Standing from each state's licensing authority. ☐ No

If you are applying for New Registration, complete question #1. If you are applying for Re-Registration, complete question #2.

1. Have you ever been convicted of a felony? (New Registration) ☐ Yes ☐ No
2. Since you have been licensed, have you ever been convicted of a felony you have not previously reported? (Re-Registration) ☐ Yes ☐ No

Complete for Re-Registration Only - Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction?

☐ Yes - On a separate page, please describe in detail the action that took place, where, when and why the penalties and conditions are unsatisfied. Include license/registration information if the action occurred in another state. ☐ No

Are any records concerning you filed under another name? (For example, a maiden name.)

☐ Yes - Give name(s): ☐ No

Did you graduate from high school or receive a GED? ☐ Yes ☐ No

FEE PAYMENT INFORMATION (Check Appropriate Box)			FOR OFFICE USE ONLY - VALIDATION
☐ Registered Ocularist	Fee: $75.00	50-01-07=$75.00	
☐ Re-Registration	Fee: $95.00	50-01-06=$95.00	
☐ Ocularist Apprentice	Fee: $55.00	50-01-07=$55.00	
☐ Re-Registration	Fee: $75.00	50-01-06=$75.00	

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, P.A. 152 OF 1979, AND ARE NOT REFUNDED EXCEPT UNDER THE ACT, R 338.943, AND R 338.944.

I am applying for an Ocularist Registration based on the following condition. Check the appropriate box below. You may skip these questions if you are applying for an Apprenticeship Registration or are a Re-Registering Ocularist.

☐ I have successfully completed at least 5 years of apprenticeship training under an ocularist in this State.

☐ I have successfully completed a prescribed course in ocularist training programs in a college, teaching facility, or university approved by the department (please include proof of course completion)

Name of School: _____

Name of program/course: _____

☐ I have been principally engaged in the practice of ocularism outside the state for at least 5 years and been employed by an ocularist, optometrist, or physician for at least 1 year in this state.

New and Re-Registering Ocularist Apprentice Applicants must have this section completed.

Name of Supervising Ocularist		Telephone Number	
Street Address (Number & Street)	City	**MI**	ZIP Code

Supervising Ocularist Verification

I verify that the apprentice applicant is receiving training under the direct supervision of the ocularist pursuant to rules promulgated by the Department.

_____ _____

Supervising Ocularist Date

AFFIDAVIT

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my certificate, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a), that the information will be used for purposes of identification and to minimize occupational license fraud.

_____ _____

Signature of Applicant Date

Michigan Department of Licensing and Regulatory Affairs
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OCULARIST EXPERIENCE VERIFICATION FORM

PART I - APPLICANT INSTRUCTIONS

Please complete Items A-D below. Check all appropriate boxes and forward pages 3-4 to the person who will be verifying the information contained in your application. That person will complete the remainder of the form and forward it directly to our office.

A. NAME OF APPLICANT (Last, First, Middle)
B. COMPLETE ADDRESS OF APPLICANT (Number, Street, City, State, Zip Code)

C. Check all that apply:

- ☐ (Ocularist) I have practiced as an Ocularist outside of Michigan for at least 5 years.
- ☐ (Ocularist) I worked for an Ocularist or Physician in Michigan for at least 1 year.
- ☐ (Apprentice) I am currently receiving apprentice training under direct supervision of an Ocularist.

D. _____ _____
Signature of Applicant Date

PART II - STATEMENT BY VERIFIER REGARDING THE EXPERIENCE/TRAINING CHECKED ABOVE

Please complete all portions of Items 1-7 and return this form directly to our office at the address in the above left-hand corner.

1. My contacts with the applicant have been in the following capacities (check all that apply):

- ☐ As the applicant's supervisor
- ☐ As the applicant's employer
- ☐ As the applicant's trainer
- ☐ As the applicant's associate
- ☐ As a representative of the State Board which issued a license or certificate to the applicant
- ☐ As an officer of the State Association which included the applicant as a member

2. My professional contacts with the applicant cover the following time period: From _____ (Month and Year) to _____ (Month and Year)

3. If you have employed the applicant, or been an associate or co-worker in a professional capacity, please indicate whether the employment involved was:

- ☐ Full Time
- ☐ Part Time for _____ hours per week

COMPLETE PAGE 4 OF THIS FORM

4. If you supervised the applicant in an apprentice training program, complete the following:

A. DESCRIBE THE DUTIES AND RESPONSIBILITIES THE APPLICANT HAD DURING THE APPRENTICESHIP:

B. I supervised the applicant in the apprentice training program from _____ to _____
Month and Year Month and Year

C. The total number of months that I supervised the applicant as an apprentice is _____

D. Is the applicant still under your supervision? ☐ YES ☐ NO

5. You may offer additional comments regarding this applicant below:

6. Please supply the following information about yourself.

NAME OF FIRM	FUNCTION OR POSITION
ADDRESS (Number, Street, City, State, Zip Code)	
MY NAME (Please Print)	

7. I hereby certify that I am the person named in item 6 above, and that the statements I made on this form are true and correct. I have not withheld information that might affect the decisions to be made on this form. I am aware that a false statement or dishonest answer may be grounds for denial of Applicant's application, administrative disciplinary action, and/or may be punishable by law.

_____ _____
Verifier's Signature Date