

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**Optician Apprentice Permit**

Email: [oplcdph@ct.gov](mailto:oplcdph@ct.gov)

Website: [www.ct.gov/dph/license](http://www.ct.gov/dph/license)

**Optician Apprentice Application**

Initial  Renewal  Transfer (Please check (✓) one)

This application must be accompanied by a check in the amount of \$50 payable to "Treasurer, State of Connecticut."

➔ **Return completed application and fee to:**

**CT DPH, Optician Apprentice Application Processing, 410 Capitol Ave., MS# 12MQA, PO Box 340308, Hartford, CT 06134**

First Name	MI	Last Name	Maiden Name	Social Security Number
Email Address	Street Address		City	State
Telephone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Ethnicity: check (✓) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: Please check (✓) all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White				
Have you held a Connecticut optician apprentice permit in the past?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Optical Shop:		City	Optical Selling Permit No:	
Name of Licensed Optician Supervisor:			License Number:	
Date Apprentice Employment Began:			Hours Per Week:	
If this is a transfer, provide name of previous employer:			Date Employment Terminated:	
Indicate which optical services are available and performed on the premises from which the apprentice will be able to gain knowledge in opticianry:				
<input type="checkbox"/> Neutralizing and Producing Lenses <input type="checkbox"/> Mounting Ophthalmic Lenses to Supporting Materials <input type="checkbox"/> Fitting and Adjusting Final Eyewear to the Ultimate Wearer <input type="checkbox"/> Repairing Optical Frames or Mountings and Supplying Repair Parts <input type="checkbox"/> Measuring Interpupillary Distance and Multifocal Seg Heights <input type="checkbox"/> Obtaining Visual Acuity by use of a Snellen Chart		<input type="checkbox"/> Keratometry and Interpreting Corneal Curvatures <input type="checkbox"/> Design of Hard and Soft Contact Lenses <input type="checkbox"/> Neutralizing Contact Lenses <input type="checkbox"/> Dispensing Contact Lenses <input type="checkbox"/> Biomicroscopy <input type="checkbox"/> Layout and Mark-up for Bench and Edging		
<p><b>Applicant's Affidavit:</b> I hereby affirm that the statements contained herein are true statements of fact and that I will conform to the provisions contained in Chapter 381 of the Connecticut General Statutes governing opticians and to Sections 20-141-1 through 20-141-31 of the Regulations of Connecticut State Agencies. I agree to acquire the skills and knowledge afforded me through this apprenticeship only under the direct supervision of a licensed optician and shall not assume optical responsibilities without the presence of a licensed optician on the premises of my training location at all times during operating hours.</p> <p>_____</p> <p><b>Signature of Applicant</b></p> <p>Subscribed and sworn to before me this ____ day of _____ 20 ____.</p> <p>_____ My Commission Expires: _____</p> <p><b>Signature of Notary Public</b></p>				
<p><b>Supervisor's Affidavit:</b> I hereby certify that the statements contained herein as they concern the employment of the applicant</p> <p>by _____</p> <p style="text-align: center;">Name of Supervisor <span style="margin-left: 200px;">CT Optician License Number</span></p> <p>are true as to such employment; and there is available to the applicant opportunity to obtain the practical experience to qualify for examination for optical licensure as stated herein. I agree to renew this application annually, in September, for as long as the applicant remains under my supervision and that I further agree that I, or my licensed optician designee, will be available on the premises of this training location at all times during operating hours.</p> <p>_____</p> <p><b>Signature of Supervisor</b></p> <p>_____ My Commission Expires: _____</p> <p><b>Signature of Notary Public</b></p>				