

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
OCULARISTS REGULATION
P.O. Box 30018, Lansing, MI 48909
517-241-9236
www.michigan.gov/ocularists

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

APPLICATION FOR REGISTRATION

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your

**ALL LICENSES EXPIRE ON JULY 1 OF EACH YEAR,
REGARDLESS OF THE DATE OF ORIGINAL ISSUANCE**

**This application must be completed in its entirety and
returned to the Department at the address above with the
required fee**

PLEASE PRINT OR TYPE YOUR RESPONSES BELOW

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)? <input type="checkbox"/> Yes - Please attach a Verification of Good Standing from each state's licensing authority. <input type="checkbox"/> No			
Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail? <input type="checkbox"/> Yes - Do not give details at this time. The Department may contact you at a later date. <input type="checkbox"/> No			
Have you ever had disciplinary action taken against any license, registration or permit you now hold or have ever held? (suspension, revocation, denial, etc.) <input type="checkbox"/> Yes - Provide type of license, name of state, action and dates of action on a separate sheet of paper. <input type="checkbox"/> No			
Are any records concerning you filed under another name? (For example, a maiden name.) <input type="checkbox"/> Yes - Give name(s): <input type="checkbox"/> No			
Did You Graduate From High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Graduated	Or Receive a GED? <input type="checkbox"/> Yes - Please Send Copy <input type="checkbox"/> No

Attach Copy of Diploma or Transcript of Highest Degree Received

Undergraduate and Postgraduate Experience	NAME & LOCATION OF COLLEGE	MAJOR AREA OF STUDY	YEARS ATTENDED	DEGREE & DATE OF GRADUATION	
Field Training or Short Courses	NAME OF INSTITUTION	LOCATION	DATES ATTENDED	COURSE PURSUED	COMPLETED?

FEE PAYMENT INFORMATION (Check Appropriate Box)

FOR OFFICE USE ONLY - VALIDATION

- Registered Ocularist Fee: \$75.00 (50-01-01=\$35.00
50-01-07=\$40.00)
- Ocularist Apprentice Fee: \$55.00 (50-01-05=\$35.00
50-01-07=\$20.00)

\$35.00 OF FEES ARE NON-REFUNDABLE

Make your check or money order from a U.S. Financial Institution payable

STATE OF MICHIGAN - OCULARIST

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979,
AS AMENDED AND R338.943 AND R338.944.

EMPLOYMENT BACKGROUND

List names, complete address and telephone numbers of Ocularists under which you completed a least **five years** of apprenticeship training. List most recent training first. Use additional sheets, if necessary.

YOU MUST SUBMIT A COMPLETED VERIFICATION FORM (BCS/LOC-020) FOR EACH LISTING BELOW:

EMPLOYER'S NAME & COMPLETE ADDRESS (Number, Street, City, State, Zip Code)	EMPLOYER'S PROFESSION	DATES	
		FROM	TO

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

YOU MUST SUBMIT A COMPLETED VERIFICATION FORM (BCS/LOC-020) FOR EACH LISTING BELOW:

EMPLOYER'S NAME & COMPLETE ADDRESS (Number, Street, City, State, Zip Code)	EMPLOYER'S PROFESSION	DATES	
		FROM	TO

AFFIDAVIT

I hereby certify that the statements made in this application are true and correct. I have not withheld information that might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license or may be punishable by law. I hereby authorize the Michigan Department of Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records.

Date: _____

State of Michigan

County of _____

Signature: _____

Subscribed and sworn to before me, a Notary Public

this _____ day of _____ 20 _____

Signature of Notary