DISPENSING OPTICIAN COMMITTEE

BECOME A MEMBER AND MAKE A DIFFERENCE

ARE YOU INTERESTED IN GIVING BACK TO YOUR COMMUNITY AND STRENGTHENING CONSUMER PROTECTION?

Be a part of the California State Board of Optometry's (Board's) new advisory committee, the Dispensing Optician Committee (DOC). The DOC helps shape optical dispensary practices to allow consumers to make informed choices and get access to competent and qualified service providers. As an advisory committee member, you will play a role in achieving the Board's mission to protect and serve the interests of California consumers.

BY JOINING CALIFORNIA'S NEW DOC, YOU CAN:

- **Acquire knowledge** – Gain an understanding of the executive branch of government, state boards, and committees to help prepare you for Board service.
- **Use core competencies** – Acquire experience and confidence in public meetings, strategic thinking, partnership/alliance building, and team development.
- **Develop skills** – Hone your abilities and gain new perspectives that enhance your ability to generate new ideas.
- **Learn the state regulatory process** – Become informed of upcoming changes by observing and participating in the legislative, regulatory, and implementation processes.
- **Collaborate as a team** – Be a part of producing solutions that drive the health and safety of California's consumers through direct engagement, meaningful dialogue, and input.
- **Make a difference** – Be a part of an important advisory group to the Board, providing input to policies and concepts that link healthcare issues and consumer protection—the Board's core mission.
- **Be of service to the community** – Join others who value accountability, efficiency, effectiveness, integrity, and the consumer experience in our state.

WHAT IS IT?

This advisory committee will consist of five members: two registered dispensers, two public members, and a member of the Board. The DOC will advise and make recommendations to the Board regarding the operation of the Registered Dispensing Optician (RDO) Program within the Board. The RDO Program is concerned with the regulation of registered dispensing opticians, contact lens dispensers, spectacle lens dispensers, and nonregistered contact lens dispensers.

TIME AND TRAVEL COMMITMENT

- The DOC is mandated to meet a minimum of twice per year; however, it is anticipated the DOC will need to meet more frequently during the first few years.
- DOC members will need to travel to Northern and Southern California.
- Members are eligible to receive a $100 per diem for DOC participation. All travel expenses (meals, lodging, airfare, etc.) are reimbursed at the state rate.

HOW TO APPLY

To be considered for the DOC, interested applicants must mail, e-mail, or fax the **DOC Expression of Interest Form** (**www.optometry.ca.gov/formspubs/doc_interestform.pdf**) and a current résumé/curriculum vitae to:

California State Board of Optometry
2450 Del Paso Road, Suite 105
Sacramento, CA 95834
optometry@dca.ca.gov
Fax: (916) 575-7292

CALIFORNIA STATE BOARD OF OPTOMETRY

You may also include personal, professional, and organizational letters of recommendation (please no more than a total of three letters).

Questions?
For information on how you can become involved in one of California's new advisory committees, joining others in a motivating, educational, and pride-filled environment, contact the Board's RDO Program at (916) 575-7186.

STATE BOARD OF OPTOMETRY
2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov

Dispensing Optician Committee Interest Form

Thank you for your interest in the California State Board of Optometry (Board) Dispensing Optician Committee (DOC). Pursuant to Assembly Bill 684, the Registered Dispensing Optician Program and its registrants are now under the authority of the Board. AB 684 established the DOC to advise and make recommendations to the Board regarding the regulation of dispensing opticians.

The Board seeks expressions of interest to fill the positions on this newly established advisory committee consisting of 5 members: 2 registered dispensing opticians and 2 public members and a Board Member.

To be considered, please submit this DOC Expression of Interest Form and a current resume/curriculum vitae to the address below or email to Optometry@dca.ca.gov.

California State Board of Optometry
2450 Del Paso Road, Suite 105
Sacramento, CA 95834
FAX: (916) 575-7292

You may also include personal, professional, and organizational letters of recommendation (not to exceed three letters).

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If you have any questions, please contact the RDO Program at (916) 575-7186.

Type or Print Legibly

PERSONAL INFORMATION

1. Legal Name	Last	First	Middle
2. Position Sought	☐Registered Dispensing Member ☐Public Member		
3. Are you willing to waive per diem?	☐Yes ☐No		

4. Residence Address

Street	City	State	Zip Code	Country

5. Business Address

Street	City	State	Zip Code	Country

6. Telephone Numbers	Home #	Work #	Cell #
7. E-Mail Address			

EDUCATIONAL HISTORY

8. Please provide your complete educational history starting with the most recent. Dates can be approximate. (Leave Blank if there is no history)

College/Law School Attended	Degree Received	City	Major	Date Degree Conferred

WORK HISTORY

9. Please provide your complete professional work history, starting with the most recent. Be sure to include any past gubernatorial appointments. Dates can be approximate

Name of Employer			☐OK to contact
Title		From (MM/DD/YYY)	To (MM/DD/YYY)
Address			
Street	City	State	Zip Code	Country
Type of Business		**Type of Partnership**	☐Full Partner ☐Partnership ☐N/A
Supervisor Name		**Supervisor Phone**	
Summary of Job Duties			

Name of Employer			☐OK to contact
Title		From (MM/DD/YYY)	To (MM/DD/YYY)
Address			
Street	City	State	Zip Code	Country
Type of Business		**Type of Partnership**	☐Full Partner ☐Partnership ☐N/A
Supervisor Name		**Supervisor Phone**	
Summary of Job Duties			

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Summary of Job Duties			

Name of Employer		☐OK to contact
Title	From (MM/DD/YYY)	To (MM/DD/YYY)

Address

Street City State Zip Code Country

Type of Business		**Type of Partnership**	☐Full Partner ☐Partnership ☐N/A
Supervisor Name		**Supervisor Phone**	

Summary of Job Duties

Name of Employer		☐OK to contact
Title	From (MM/DD/YYY)	To (MM/DD/YYY)

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Summary of Job Duties

Name of Employer		☐OK to contact
Title	From (MM/DD/YYY)	To (MM/DD/YYY)

Address

Street City State Zip Code Country

Type of Business		**Type of Partnership**	☐Full Partner ☐Partnership ☐N/A
Supervisor Name		**Supervisor Phone**	

Summary of Job Duties

PROFESSIONAL LICENSES & CERTIFICATES

10. List all licenses/certificates you have received. Include dates. Leave blank if none.

License/Certificate Name			
Details		Date Issued (MM/DD/YYY)	Expiration Date (MM/DD/YYY)
License/Certificate Name			
Details		Date Issued (MM/DD/YYY)	Expiration Date (MM/DD/YYY)
License/Certificate Name			
Details		Date Issued (MM/DD/YYY)	Expiration Date (MM/DD/YYY)

ORGANIZATIONS AND SOCIETY MEMBERSHIPS

11. List all current organizations and societies of which you are a member. Include dates. Leave blank if none.

Name			
Details		From (MM/DD/YYY)	To (MM/DD/YYY)
Name			
Details		From (MM/DD/YYY)	To (MM/DD/YYY)
Name			
Details		From (MM/DD/YYY)	To (MM/DD/YYY)

MISCELLANEOUS

12. Have you ever been a registered lobbyist or have you lobbied at any government?	☐Yes ☐No
If yes, please explain. Include Dates.	
13. Do you own real property, personal property, financial holdings or receive income from any source which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment?	☐Yes ☐No
If yes, please explain. Include Dates.	
13. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?	☐Yes ☐No
If yes, please explain. Include Dates.	

EXPRESSION OF INTEREST

14. Please explain why you wish to serve on the Dispensing Opticians Committee.

15. Please explain your experience working on a committee.

16. Do you have any time commitments that will impact your ability to attend DOC meetings that may be in person or via conference call held at a public space and meet all Bagley-Keene Open Meeting Act Public Noticing Requirements?	☐Yes ☐No

If yes, please explain

SIGNATURE

Applicant Signature: _____ Date: _____

DISCLOSURE: Providing this information is strictly voluntary. The personal information requested on this form is being collected for DOC appointment consideration. This information will be reviewed by Board Members and staff. This form will be retained in the RDO Program files. This position is voluntary and will require future time commitments.