**Section 1215.20 Registration**

a) An entity required to register as a mail order ophthalmic provider shall submit an application to the Department, on forms supplied by the Department. The application shall include the following:

1) Certification and disclosure:

A) That the entity is licensed or registered to distribute contact lenses in the state in which the dispensing facility is located and from which the contact lenses are dispensed, if required.

B) Of the location, names, and titles of all principal corporate officers and the person who is responsible for overseeing the dispensing of contact lenses to residents in this State.

C) That it complies with all lawful directions and appropriate requests for information from the appropriate agency of each state in which it is licensed or registered.

D) That it will respond directly to all communications from the Department concerning emergency circumstances arising from the dispensing of contact lenses to residents of this State.

E) That it maintains records of contact lenses dispensed to residents of this State so the records are readily retrievable.

F) That it will cooperate with the Department in providing information to the appropriate agency of the state in which it is licensed or registered concerning matters related to the dispensing of contact lenses to residents of this State.

G) That it conducts business in a manner that conforms with Section 10 of the Act and this Part.

H) That it provides a toll-free telephone service responding to patient questions and complaints during its regular hours of operation. The toll-free number shall be included in literature provided with mailed contact lenses. All questions relating to eye care for the lenses prescribed shall be referred back to the contact lens prescriber.

I) That it provides the following or a substantially equivalent written notification to the patient whenever contact lenses are supplied:

 WARNING: IF YOU ARE HAVING ANY OF THE FOLLOWING SYMPTOMS REMOVE YOUR LENS IMMEDIATELY AND CONSULT YOUR EYE CARE PRACTITIONER BEFORE WEARING YOUR LENSES AGAIN: UNEXPLAINED EYE DISCOMFORT, WATERING, VISION CHANGE, OR REDNESS.

2) The required fee set forth in Section 1215.30.

b) When the address or name of a facility is changed, the registrant shall be required to notify the Department, obtain a corrected registration and pay the required fee set forth in Section 1215.30.