

Complete registration forms must be sent directly from the sponsor to:

Board of Opticianry

4052 Bald Cypress Way Bin C-08

Tallahassee, FL 32399-3258

Fax: (850) 413-6982

Email: MQA.Opticianry@flhealth.gov



Board of Opticianry Apprenticeship Sponsor Report Form

This form is **only** to be submitted when the apprentice has completed their apprenticeship hours or to terminate a sponsor. Each sponsor must report the hours they directly supervised opticianry services performed by an apprentice registered under their license.

Select Only One:	
Completion of Apprenticeship Program	Termination of Sponsor

Apprentice Name: _____ Apprentice #: DA _____ (required)

Address/City/State/ZIP: _____

Home/Cell Telephone: _____ Work/Cell Telephone: _____

Sponsor Information

Sponsor Name: _____ Business Name: _____

Address/City/State/ZIP: _____

Telephone: _____ Fax: _____

Primary Sponsor License #: _____ Profession: _____

Supervised Experience (To be completed by sponsor)

I have read and understand Rule chapter 64B12-16, Florida Administrative Code (F.A.C.), on Apprenticeship. I confirm that the apprentice named above has completed _____ hours of training in the required subject areas listed in Rule 64B12-16.003(6), F.A.C., under my direct supervision from _____ to _____.
MM/DD/YYYY MM/DD/YYYY

Rule 64B12-16.003(6)(h), F.A.C., requires the apprentice to complete training in filling, fitting and adapting contact lenses as a part of the apprenticeship training. By selecting "Yes," I confirm that I provided the required contact lenses training.

You must select one. Yes No

If "Yes," are you a board-certified optician or doctor? Yes No

As a professional licensee who directly supervised this apprentice, please select the option that best reflects your opinion regarding this apprentice's ability to practice opticianry.

1. Qualified and competent
2. Qualified with some reservations (explanation required)
3. Not competent (explanation required)

If you have selected response 2 or 3, you must attach additional documentation to support your response.

I state that this information is true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to sections 484.014, 456.072, 775.082, 775.083, and 775.084, Florida Statutes. I further state that during the hours I reported above, I was on the premises at all times and I personally inspected and approved all opticianry work produced by the above-named apprentice. I understand that pursuant to Rule 64B12-16.009, F.A.C., I am required to maintain apprentice work records for a period of six years or one year subsequent to the date the apprentice is licensed as an optician.

Sponsor Signature (required)

Date (MM/DD/YYYY) (required)