

**This form is required for all applicants.
Complete registration forms must be mailed directly from the sponsor to:**

Board of Opticianry
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3258



Board of Opticianry Sponsor Registration Form

Page 1 of 2

- *Approved sponsors include opticians licensed in Florida for at least one year, Florida licensed optometrists, Florida licensed allopathic physicians, and Florida licensed osteopathic physicians with a clear, active license. An approved sponsor may only sponsor a total of two apprentices at one time and an apprentice may have no more than two sponsors at one time.*
- *A licensed optician that is not board certified may not train an apprentice in filling contact lens prescriptions and fitting and adapting contact lenses. Training in contact lenses must be provided by a Florida board-certified optician, a Florida licensed optometrist, a Florida licensed allopathic physician, or a Florida licensed osteopathic physician. See Rule 64B12-16.003(6)(h), F.A.C.*
- *If your sponsor does not qualify to train you in contact lenses, you must find a sponsor who is qualified to train you or complete a Board approved course equivalent to 32 hours as a substitute for working experience with contact lenses.*

Apprentice Information

Apprentice Full Name: _____

Number of hours this apprentice will work per week under direct supervision of a sponsor: _____

Primary Sponsor General Information

Sponsor Name _____ Business Name _____

Address/City/State/ZIP _____

Telephone Number _____ Fax _____

Primary Sponsor License # _____ Profession _____

Rule 64B12-16.003, F.A.C., requires the apprentice to complete training in filling, fitting and adapting contact lenses as a part of the apprenticeship training. Will this training be provided by the primary sponsor?

Yes No **(You must check one.)**

Secondary Sponsor General Information (if applicable)

Secondary Sponsor Name _____ Business Name _____

Address/City/State/ZIP _____

Telephone Number _____ Fax _____

Secondary Sponsor License # _____ Profession _____

Rule 64B12-16.003, F.A.C., requires the apprentice to complete training in filling, fitting and adapting contact lenses as a part of the apprenticeship training. Will this training be provided by the secondary sponsor?

Yes No **(If this section is completed, you must check one.)**

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Page 2 of 2



Apprentice Full Name: _____

I state that I dispense eyewear and maintain all of the equipment required by Rule 64B12-10.007, F.A.C., on the same premises where the apprentice works. I further state that my apprentice and I have reviewed, **together**, ch. 484, Part I, F.S., and Rule 64B12-16, F.A.C., I declare that I fully understand my responsibilities to my apprentice and to the Board of Opticianry and the Department of Health, as a properly registered sponsor of an apprentice registered in the opticianry apprenticeship program.

Primary Sponsor Signature

Date (MM/DD/YYYY)

Secondary Sponsor Signature (if applicable)

Date (MM/DD/YYYY)