

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 Apprenticeship Sponsor 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.

Check Only One:	
Completion of Apprenticeship Hours + Terminate Sponsor	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 \_\_\_\_\_.

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. I confirm that I provided the required contact lenses training if the "Yes" box is checked. **You must check one.**      Yes      No

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

As a professional licensee who directly supervised this apprentice, do you have any information regarding this apprentice's ability to practice Opticianry? Please check one of the following that reflects your opinion the most.

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 to sections 484.014, 456.072, 775.082, 775.083 and 775.084, Florida Statutes (F.S.). 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)