Florida Department of Health | Division of Medical Quality Assurance
Board of Opticianry
4052 Bald Cypress Way, Bin C-08
Tallahassee, FL 32399-3258

APPRENTICESHIP SPONSOR FORM

This form is only to be submitted when the apprentice has completed their apprenticeship hours or for termination of a sponsor. Each sponsor must report the hours they directly supervised the performance of Opticianry services by an apprentice registered under her or his license.

Check one box: ☐ Completion of Apprenticeship Hours + Terminate Sponsor ☐ Termination of Sponsor

Apprentice's Name_____ Apprentice No.: DA _____ (required)

Address/City/State/Zip_____

Telephone Number: Home/Cell (_____) _____ Work (_____) _____

Sponsor's Information

Sponsor's Name _____Business Name _____

Address/City/State/Zip _____

Telephone Number: (_____) _____ FAX (_____) _____

Sponsor's License Number _____ 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 state 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 _____.
(month / day / year) (month / day / year)

Rule 64B12-16.003(6)(h), F.A.C., requires the apprentice to complete training in filling, fitting and adapting contact lens as a part of the apprenticeship training. I state that I provided the required contact lenses training if the "Yes" box is checked. **You must check one box: ☐ 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 most closely reflects your opinion.

- 1. Qualified and Competent
- 2. Qualified with Some Reservations (explanation required)
- 3. Not Competent (explanation required)

If you have chosen 2. or 3. you must attach additional information supporting your comments.

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's Signature (required) Date (required)