

BOARD OF OPTICIANRY

SPONSOR REGISTRATION FORM

Print clearly in black ballpoint pen or type all information.

This form is for changing a sponsor or adding a secondary sponsor. If you are changing a primary or secondary sponsor, your previous sponsor must submit a completed Apprenticeship Sponsor Form.

APPRENTICE INFORMATION

Apprentice Name: _____ Apprentice Number **[required]** DA _____

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

PRIMARY SPONSOR GENERAL INFORMATION [If changing primary sponsor, signature required below]

Sponsor Name _____ Business Name _____

Address/City/State/Zip _____

Telephone Number: () _____ FAX () _____

Primary Sponsor's License Number _____ 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 **[One of these boxes must be checked.]**

SECONDARY SPONSOR GENERAL INFORMATION [If adding or changing, signature required below]

Secondary Sponsor Name _____ Business Name _____

Address/City/State/Zip _____

Telephone Number () _____ FAX () _____

Secondary Sponsor's License Number _____ 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, one of these boxes must be checked.]**

I state that I do 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**, Chapter 484, Part I, Florida Statutes, and Rule Chapter 64B12-16, Florida Administrative Code. 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.

Signature of Primary Sponsor (if applicable)

Signature of Secondary Sponsor (if applicable)