

**APPRENTICESHIP TRAINING IN OPHTHALMIC DISPENSING SEMI-ANNUAL
EVALUATION FORM**

Length of Training Program – Pursuant to T.C.A. §63-14-103(a)(10): The period of apprenticeship training must be a minimum of three (3) years and must include a total of five thousand two hundred fifty (5,250) hours of full time or part time education and training under qualified supervision.

Semi-annual evaluation periods begin six (6) months from the initial registration and six (6) months thereafter until completion of the required training period. Make as many copies of this form as necessary.

The filing of these forms is mandatory. You will not receive reminders to submit this information. This is your responsibility. If these forms are not filed semi- annually, you will be considered not actively pursuing licensure and your application will be closed and you will be required to reapply and pay all fees.

Once you have completed a total of 5,250 hours of education and training under qualified supervision, you will be sent a letter, an application, instructions for completing a criminal background check, and a copy of the rules and regulations stating that you may apply for licensure. If, for any reason, you are not able to apply for licensure at that time, you are still considered to be in apprenticeship training and semi-annual evaluations forms must continue to be submitted to this office. Failure to do so will result in your apprenticeship file being closed. You will be required to complete a new apprenticeship application, pay the fee, and begin a new period of 3 year apprenticeship training.

Please remember, your apprenticeship date begins the date you receive confirmation from the Board. All 6 month evaluations must reflect these dates. If there is a break, a letter must be issued to the Board stating the reason for the break.

Mail to: BOARD OF DISPENSING OPTICIANS
665 Mainstream Drive
Nashville, TN 37243

Apprentice Name: _____

Mailing Address: _____

Home Phone: _____ Office Phone: _____

Current Practice Name & Address: _____

Hours worked per week: _____ Cumulative hours earned since beginning apprenticeship. _____

Duties listed below should be given percentages of time performed on each during a normal work week. Total percentage must account for 100% of work time. Fill in each line.

| % OF TIME | DUTIES PERFORMED |
|-----------|--|
| | Fitting and adjusting lenses to human faces |
| | Fitting contact lenses |
| | Interpreting prescriptions and making optical calculations |
| | Verifying |
| | Optical laboratory work |
| | Stock work |
| | Office work |
| | Describe other duties not listed |

Direct/Alternate Supervisor's Signature/Title: _____ Date: _____

Evaluation period began _____ and ended on _____

AFFIDAVIT OF APPLICANT

Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in or in connection with my application may be cause for denial or loss of my apprenticeship.

I further swear that I have read and understand the statutes and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them while registered in the apprenticeship program.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public _____

Commission Expires _____ (Notary Seal)