

VERIFICATION OF OPTICAL APPRENTICESHIP

This form shall be completed by the licensed optician who supervised the apprentice and returned directly to this office. Note: this verification pertains to the September 1, 20____ through August 31, 20____ registration period.

This is to certify that _____ (Name of Apprentice)

Address: _____

NO. & STREET

CITY

STATE

ZIP CODE

whose Optical Apprentice registration number is R.A# _____, has been under my direct

and personal supervision FROM ____/____/____ TO ____/____/____
month day year month day year

of the preceding registration period. I am aware of the Instructions and Regulations governing Optical Apprentice Registration and the Scope of Training mandated by the Board of Examiners in Opticianry. I have directed my training as the supervising licensed optician towards the completion of the Scope of Training and hereby certify that during the preceding year, this applicant has spent the following amounts of time in the following areas:

(mark only the appropriate boxes...one year of full-time employment equals 2,000 hours)

<u>SUBJECTS</u>	<u>HOURS</u>	<u>SUBJECTS</u>	<u>HOURS</u>
Mechanical Optics	_____	Eyewear	_____
Geometrical Optics	_____	Contact Lenses	_____
Anatomy	_____	Physiology	_____

EVALUATION:

Please rate the apprentice's ability to perform activities in each of the following areas: [1 = Ready to Perform Competently Without Supervision; 2 = Able to Perform Competently Only With Supervision; 3 = Does Not Perform Competently Even With Supervision; N/A = Has not yet been trained in this area]

- Neutralizing and Producing Ophthalmic Lenses
- Mounting Ophthalmic Lenses to Supporting Materials
- Fitting and Adjusting Final Eyewear to Ultimate Wearer
- Repairing Optical Frames or Mountings and Supplying Repair Parts
- Measuring Interpupillary Distance and Multifocal Seg Heights
- Lay Out and Mark Up for Bench
- Keratometry and Interpretation of Corneal Curvatures
- Design of Hard and Soft Contact Lenses
- Neutralizing Contact Lenses
- Biomicroscopy
- Dispensing Contact Lenses to the Ultimate Wearer
- Obtaining Visual Acuity by Use of a Snellen Chart

RECOMMENDATION:

Do you certify that this period of apprenticeship was satisfactorily completed? **YES** **NO**

Do you recommend that this period of apprenticeship be accepted toward satisfaction of the statutory requirements for licensure as an optician in Connecticut? **YES** **NO**

If no to either of the above, please indicate reasons: _____

TRAINING SITE:

Name: _____

Address: _____
NO. & STREET CITY STATE ZIP CODE

Optical Shop Permit # _____ Phone Number: _____

SUPERVISOR'S AFFIDAVIT

I, _____, optician license number _____ do hereby certify that I was responsible for the training and supervision of the above named applicant and that the information herein contained is true, correct, and complete. I have also instructed this apprentice in the provisions governing opticians in the State of Connecticut (Connecticut General Statutes, Chapter 38I; Regulations, Section 20-14I-1 through 20-14I-3I) as it is imperative that he/she have a thorough understanding of the provisions governing the optical profession. I understand that the records of employment may be requested by the Department to support this verification. I also agree to substantiate or interpret this verification should I be contacted by the Department at a later date.

On this _____ day of _____ 20_____ (supervisor's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the statements made herein are true in every respect.

SIGNATURE OF SUPERVISOR Email: _____ Tel. No.: _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public My Commission expires _____

Supervisor, please return this form directly to: Department of Public Health
Optician Licensure
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134-0308
Fax: (860) 707-1929