

Name of Establishment: _____ Ophthalmic Manager(s): _____,

Address of Establishment: _____

Log of Substitute Supervision
Provided by the Nevada State Board of Dispensing Opticians

_____	_____	_____	
	Name/License # of Apprentice	Apprentice Signature	
_____	_____	_____	Is another apprentice being supervised by you today? If yes, print name:
	Name/License # of Sub Supervisor	Substitute Supervisor Signature	_____
_____	_____	_____	
	Name/License # of Apprentice	Apprentice Signature	
_____	_____	_____	Is another apprentice being supervised by you today? If yes, print name:
	Name/License # of Sub Supervisor	Substitute Supervisor Signature	_____
_____	_____	_____	
	Name/License # of Apprentice	Apprentice Signature	
_____	_____	_____	Is another apprentice being supervised by you today? If yes, print name:
	Name/License # of Sub Supervisor	Substitute Supervisor Signature	_____
_____	_____	_____	
	Name/License # of Apprentice	Apprentice Signature	
_____	_____	_____	Is another apprentice being supervised by you today? If yes, print name:
	Name/License # of Sub Supervisor	Substitute Supervisor Signature	_____