

**STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS**

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Apprentice Supervision Form

Instructions:

- 1) Each apprentice must have a single supervisor of record on file with the board office. When there is a permanent change of the supervisor of record (defined as a change lasting 7 days or longer), the apprentice must submit a new Supervision Form within 10 business days of the change.
- 2) The supervisor of record must be a Nevada-licensed optician, ophthalmologist, or optometrist. The apprentice and supervisor must be employed by the same employer at the same work location *except*, the apprentice may be supervised by any Nevada-licensed person authorized to fit and fill prescriptions for contact lenses when completing the 100-hours contact lens training requirement.
- 3) The supervisor of record must: 1) directly supervise all work done by the apprentice dispensing optician, 2) be in attendance whenever the apprentice is engaged in ophthalmic dispensing, and 3) post the license of the apprentice in a conspicuous place where the apprentice works. "Directly supervise" means physically providing individual direction, control, inspection and evaluation of work based on the training, experience and education of the apprentice dispensing optician, and any other relevant factors. The Board may require the supervisor of record to conduct a periodic review of the apprentice.
- 4) In any instance when the supervisor of record is absent, a Nevada-licensed substitute supervisor must be obtained to directly supervise the apprentice.
- 5) A licensed dispensing optician may not supervise more than two apprentices at any one time.

Apprentice Affirmation

By signing this form, you agree abide by the instructions and training of your supervisor of record, and any licensed individual charged with temporary supervision of your ophthalmic dispensing duties, as far as said instructions adhere to the laws and regulations of Nevada Revised Statute and Nevada Administrative Code Chapters 637.

Apprentice Name: _____ **License #:** _____

Apprentice Signature: _____ **Date:** _____

Supervisor of Record Affirmation

By signing this form, you agree to take responsibility for training your apprentice in the practice of ophthalmic dispensing in a safe and accurate manner and according to all laws and regulations of Nevada Revised Statute and Nevada Administrative Code Chapters 637.

Supervisor Name: _____ **License #:** _____

Supervisor Signature: _____ **Date:** _____