STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS
4790 Caughlin Pkwy #241; Reno, NV 89519-0907 • Telephone 775 / 689-0132 • Fax 775 / 689-0133
Email: nvbdo@govmail.state.nv.us • Website: nvbdo.nv.gov

Apprentice Supervision Form

Each apprentice must have this form on file with the board office. The form must be signed by both the apprentice AND primary supervisor. When there is a change of primary supervisor, the board must receive a new form within ten (10) days. *Incomplete forms will be returned to sender.

Date _____

Apprentice Name _____ License #_____

Supervisor Information

Apprentices may only dispense when a licensed supervisor is present. If a supervisor holds a limited license, write "L" after his/her license number. A limited licensee MAY NOT supervise the dispensing of contact lenses. The primary supervisor determines whether the apprentice may work with a temporary supervisor when the primary supervisor is unavailable. Temporary supervisors are not supervisors of record. You retain responsibility for your apprentice, even when the apprentice is directed by a temporary supervisor.

Name of Primary Supervisor _____ License # _____

Employer/Business Name_____

Employer/Business Address _____

☐ Check here if you will allow your apprentice to work under the supervision of any Nevada licensed ophthalmic dispenser when you are unavailable to supervise.

OR

☐ Check here if you want to maintain a roster of temporary supervisors, and supply the following information. You must name every temporary supervisor (up to five) you want on your roster. Your previous roster will be removed from your file:

1) Name_____License # _____
2) Name_____License # _____
3) Name_____License # _____
4) Name_____License # _____
5) Name_____License # _____

OR

☐ Check here if your apprentice will only be allowed to dispense under your own direct supervision.

Primary Supervisor Signature _____ Date _____**

Apprentice signature _____ Date _____**