Nevada Apprentice Optician Spectacle Training Record

Instructions for Apprentice: Keep this form for use during your apprenticeship. The form must be completed in its entirety to qualify for licensing as a dispensing optician. Record training in unit increments (1 unit = 1 pair of spectacles) and have your trainer sign next to each individual date training takes place. ***Before submitting your form to the Board with your license application, make sure:***

1) All of your units have been added up under "Total Units" at the bottom of each section. If you do not include total units for each section, your form will be returned to you.
2) You have completed a total of 100 units (50 neutralizations and 50 final inspections) and have not included more/less than the maximum/minimum number of pairs for each section.
3) You have included the required information for each of your trainers on page 3 of the form and your name and license number is at the top of each page.

Instructions for Trainers: The apprentice is to demonstrate using a manual lensmeter only (no auto lensmeter permitted). Manual RX verification must be in compliance with ANSI standards. Neutralize eyeglasses to the patient's given PD and mark eyewear according to PPD. Do not look at work order until eyewear is neutralized, then compare to work order and apply ANSI standards.

Lensmeter Training Part I: Neutralization (50 pairs required)

Name_____ **License #** _____

Neutralization: Single Vision (20 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
Ex: 9/21/2024	**3**	***Supervisor Signature***			
			Total Units		

Neutralization: Bifocal or Trifocal Segmented (10 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			Total Units		

Neutralization: Progressive (20 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			Total Units		

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Lensmeter Training Part II: Final Inspection Verification to a Work Order (50 pairs required)

Name_____ License # _____

Final Inspection: Single Vision (10 Pairs Required/20 Pairs Max)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
Ex: 9/21/2024	**3**	***Supervisor Signature***			
			Total Units		

Final Inspection: Bifocal or Trifocal Segmented (5 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	
			Total Units		

Final Inspection: Progressive (10 Pairs Required/20 Pairs Max)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			Total Units		

Final Inspection: Digitally Surfaced Single Vision or Progressive -Adjusted Lensmeter Rx (5 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			Total Units		

Updated 7/1/24

Lensmeter Training Part II: Final Inspection (optional lens types)

Name_____ **License #** _____

Final Inspection: Slab Off (Optional)		
Date	Units	Supervisor Signature
Total Units		

Final Inspection: Myodisc (Optional)		
Date	Units	Supervisor Signature
Total Units		

Final Inspection: Bi-concave (Optional)		
Date	Units	Supervisor Signature
Total Units		

Final Inspection: Lenticular (Optional)		
Date	Units	Supervisor Signature
Total Units		

Final Inspection: With Prescribed Prism (Optional)		
Date	Units	Supervisor Signature
Total Units		

Final Inspection: Occupationals-Double Segs (Optional)		
Date	Units	Supervisor Signature
Total Units		

Trainer Information: This section is to be completed by the apprentice. Include information for each person who signs off on your training hours.

Trainer Name:	License #	Contact: Phone or Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATION OF APPRENTICE: By signing this form, I certify all of the above information is true and correct, and I acknowledge I may be subject to disciplinary action by the Board, including possible revocation of my license, if any of the above information is determined to be false or fraudulent.

_____	_____	_____
Printed Name	Signature	Date

Updated 7/1/24