

Nevada Apprentice Contact Lens Training Record

Name _____ **License #** _____

Instructions: Retain this form for use during your apprenticeship. The form must be completed in its entirety to qualify for licensing as an ophthalmic dispenser. Have your trainer sign on each individual date training takes place and include information on each of your trainers at the bottom of the form.

Instrumentation (20 hours required)			Inspection (10 hours required)		
Date	Hours	Supervisor Signature	Date	Hours	Supervisor Signature
Total Hours			Total Hours		

Trainer Information: This section 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 that all of the above information is true and correct, and I acknowledge that I may be subject to disciplinary action by the Board, up to and including revocation of my license, if any of the above information is determined to be false or fraudulent.

_____	_____	_____
Printed Name	Signature	Date