

# Nevada Apprentice Spectacle 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. Record training in unit increments and have your trainer sign on each individual date training takes place. You must include information on each of your trainers at the bottom of the form.

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)

Neutralization: Single Vision (20 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
Ex: 9/21/2018	3	<i>Supervisor Signature</i>			
<b>Total Units</b>					

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

Neutralization: Progressive (20 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
<b>Total Units</b>					

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## Lensmeter Training Part II: Final Inspection Verification to a work order (50 pairs required)

Final Inspection: Single Vision (10 Pairs Required/20 Pairs Max)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
Ex: 9/21/2018	3	<i>Supervisor Signature</i>			
			<b>Total Units</b>		

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

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

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

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Final Inspection: Slab Off (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Myodisc (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Bi-concave (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Lenticular (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: With Prescribed Prism (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Occupationals-Double Segs (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

**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