



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

APPRENTICESHIP SPONSOR FORM

Each sponsor must report the hours they directly supervised the performance of Opticianry services by an apprentice registered under their license.

Check one box: **Completion of Apprenticeship Hours** **Termination of Sponsor**

Apprentice's Name _____ Apprentice No. DA _____

Address/City/State/Zip _____

Telephone Number: Home () _____ Work () _____

Sponsor's Information (to be completed by sponsor)

Sponsor's Name _____ Business Name _____

Address/City/State/Zip _____

Telephone Number: () _____ FAX () _____

Sponsor's License Number _____ Profession _____

Supervised Experience (to be completed by sponsor)

I have read and understand Rule Chapter 64B12-16, Florida Administrative Code (F.A.C.), on Apprenticeship. I state that the apprentice named above has completed _____ hours of training in the required subject areas listed in Rule 64B12-16.003(6), F.A.C., under my **direct** supervision from _____ to _____
(month / day / year) (month / day / year)

Rule 64B12-16.003(6)(h), F.A.C., requires the apprentice to complete training in filling, fitting and adapting contact lenses as a part of the apprenticeship training. I state that I provided the required contact lenses training, if the "Yes" box is checked. **You must check one box:** **Yes** **No**

As a professional licensee who directly supervised this apprentice, do you have any information regarding this apprentice's ability to practice Opticianry? Please check one of the following that most closely reflects your opinion.

- 1. Qualified and Competent
- 2. Qualified with Some Reservations
- 3. Not Competent

If you have chosen 2. or 3. you must attach additional information supporting your comments.

I state that this information is true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 484.014, 456.072, 775.082, 775.083 and 775.084, Florida Statutes. I further state that during the hours I reported above I was on the premises at all times and I personally inspected and approved all Opticianry work produced by the above named apprentice. I understand that pursuant to Rule 64B12-16.009, F.A.C., I am required to maintain apprentice work records for a period of six years or one year subsequent to the date the apprentice is licensed as an optician.

Sponsor's Signature (must be original signature)

Date

Rule 64B12-16.003, F.A.C.
Form DH-MQA 1063, 11/08