

GEORGIA BOARD OF DISPENSING OPTICIANS
237 Coliseum Drive, Macon, GA 31217-3858 * (478) 207-2440

APPRENTICE HOURS REPORT

TO BE COMPLETED BY SUPERVISOR

NAME OF APPRENTICE: _____

I, _____, (**circle one**) licensed optician, licensed optometrist, or licensed physician, License # _____, hereby certify that the above-mentioned apprentice has completed _____ hours of training and instruction in optical dispensing under my supervision. The training and instruction was completed at the following facility/office:

NAME OF FACILITY/OFFICE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE#: (____) _____ - _____

I hereby certify the report accompanying this form is an accurate record and that the information was taken from the records of the above-named facility/office which are available for inspection by the Georgia Board of Dispensing Opticians or any of its staff. I further state and understand that any falsification of any portion of this report or form may result in disciplinary action against my license.

(SIGNATURE OF SUPERVISOR)

(DATE)

Sworn to and subscribed before me this

_____ day of _____, 20_____

Notary Public _____

My commission expires: _____

Notary Public (Seal)

TO BE COMPLETED BY APPRENTICE

I swear that completed hours of apprenticeship listed on this form are an accurate record of the hours actually engaged in apprenticeship functions and instruction. I further state and understand that any falsification of any portion of this report or form may result in denial of an application for licensure or a lesser sanction in connection with an application for licensure.

(SIGNATURE OF APPRENTICE)

(DATE)

Sworn to and subscribed before me this

_____ day of _____, 20_____

Notary Public _____

My commission expires: _____

Notary Public (Seal)

