

# 2000

SPECTACLE \_\_\_\_\_ CONTACT LENS \_\_\_\_\_ OCULARIST \_\_\_\_\_

MAIL TO:  
OHIO OPTICAL DISPENSERS BOARD  
77 S. HIGH STREET, 16TH FLOOR  
COLUMBUS, OHIO 43266-0328  
(614) 466-9709

### APPRENTICE REGISTRATION

My Annual Apprentice registration fee of **\$10.00** is attached.  
CHECK PAYABLE TO:  
Ohio Optical Dispensers Board  
**DO NOT SEND CASH.**

**REGISTRATION IS EFFECTIVE JULY 1,2000 THROUGH JUNE 30, 2001.**

**\*PLEASE TYPE OR PRINT CLEARLY\***

APPRENTICE'S NAME	SOCIAL SECURITY NO. *	DATE
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CURRENT EMPLOYER	DIRECT SUPERVISOR=S NAME & LICENSE NUMBER
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EMPLOYER ADDRESS (STREET)		(CITY)	
EMPLOYER PHONE ( )	(STATE)	(ZIP)	(COUNTY)
HOME ADDRESS (STREET)		(CITY)	

HOME PHONE ( )	(STATE)	(ZIP)	(COUNTY)
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#### APPRENTICE OPTICIAN

##### SEE SUMMARY OF LAWS AND RULES

I HAVE READ THE LAWS AND RULES GOVERNING THE EMPLOYMENT AND DUTIES OF AN APPRENTICE OPTICIAN. I UNDERSTAND THAT I MUST BE EMPLOYED UNDER THE DIRECT PERSONAL SUPERVISION OF AN OHIO LICENSED DISPENSING OPTICIAN WHO MUST BE ON THE PREMISES DURING MY HOURS OF EMPLOYMENT.

Signature of Apprentice Optician \_\_\_\_\_ Date

#### DIRECT SUPERVISOR

I CERTIFY THAT I WILL PERSONALLY SUPERVISE THE EDUCATION AND TRAINING OF THE ABOVE NAMED APPRENTICE OPTICIAN AND I WILL NOT PERMIT THE APPRENTICE TO PERFORM OPTICAL DISPENSING UNLESS I AM ON THE PREMISES TO PERSONALLY SUPERVISE HIS EDUCATION AND TRAINING.

Signature of Licensed Dispensing Optician \_\_\_\_\_ Date

Should be the same as Direct Supervisor listed above.

License # for Dispensing Optician

#### SUPERVISOR OF BRANCH OPERATION

AS THE PERSON WITH SUPERVISORY RESPONSIBILITY OVER THE ABOVE NAMED BRANCH OFFICE, I CERTIFY THAT THE ABOVE NAMED APPRENTICE OPTICIAN WILL BE EMPLOYED UNDER THE DIRECT SUPERVISION OF A LICENSED DISPENSING OPTICIAN.

Signature of Branch Operation \_\_\_\_\_ Date

License # (if applicable) of Branch Office Supervisor

**4725.52 OHIO REVISED CODE: ANY LICENSED OPTICIAN MAY SUPERVISE A MAXIMUM OF THREE APPRENTICES WHO SHALL BE PERMITTED TO ENGAGE IN OPTICAL DISPENSING ONLY UNDER THE SUPERVISION OF THE LICENSED DISPENSING OPTICIAN.**

\*Social security number must be collected by the Ohio Optical Dispensers Board pursuant to 42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a,

and 45 C.F.R. pt. 61, and O.R.C. §2301.373(E) for potential disclosure to the Federal Department of Health and Human Services'

Healthcare Integrity and Protection Data Bank (HIPDB) and/or the Local County Child Support Enforcement Agency.

**ODBW - 1008 (03/00) COMPLETION OF THIS APPLICATION IS REQUIRED BY O.R.C. 4725.52.**

OFFICE ONLY
REG.#
DEPOSIT