

## VERIFICATION OF OPTICAL APPRENTICESHIP

This form shall be completed by the licensed optician who supervised the apprentice and returned directly to this office. Note: this verification pertains to the September 1, 20\_\_\_\_ through August 31, 20\_\_\_\_ registration period.

This is to certify that \_\_\_\_\_ (Name of Apprentice)

Address: \_\_\_\_\_

NO. & STREET

CITY

STATE

ZIP CODE

has been under my direct and personal supervision

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
 month day year month day year

of the preceding registration period. I am aware of the instructions and regulations governing optical apprentice registration and the scope of training mandated by the Board of Examiners for Opticians. I have directed my training as the supervising licensed optician towards the completion of the scope of training and hereby certify that during the preceding year, this applicant has spent the following amounts of time in the following areas:

(mark only the appropriate boxes...one year of full-time employment equals 2,000 hours)

| <u>SUBJECTS</u>    | <u>HOURS</u> | <u>SUBJECTS</u> | <u>HOURS</u> |
|--------------------|--------------|-----------------|--------------|
| Mechanical Optics  | _____        | Eyewear         | _____        |
| Geometrical Optics | _____        | Contact Lenses  | _____        |
| Anatomy            | _____        | Physiology      | _____        |

**EVALUATION:**

Please rate the apprentice's ability to perform activities in each of the following areas (1 = Ready to Perform Competently Without Supervision; 2 = Able to Perform Competently Only With Supervision; 3 = Does Not Perform Competently Even With Supervision; N/A = Has not yet been trained in this area):

- Neutralizing and Producing Ophthalmic Lenses
- Mounting Ophthalmic Lenses to Supporting Materials
- Fitting and Adjusting Final Eyewear to Ultimate Wearer
- Repairing Optical Frames or Mountings and Supplying Repair Parts
- Measuring Interpupillary Distance and Multifocal Seg Heights
- Lay Out and Mark Up for Bench
- Keratometry and Interpretation of Corneal Curvatures
- Design of Hard and Soft Contact Lenses
- Neutralizing Contact Lenses
- Biomicroscopy
- Dispensing Contact Lenses to the Ultimate Wearer
- Obtaining Visual Acuity by Use of a Snellen Chart

**RECOMMENDATION:**

Do you certify that this period of apprenticeship was satisfactorily completed? **YES**  **NO**

Do you recommend that this period of apprenticeship be accepted toward satisfaction of the statutory requirements for licensure as an optician in Connecticut? **YES**  **NO**

If no to either of the above, please indicate reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAINING SITE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. & Street City State Zip Code

Optical Shop Permit # \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SUPERVISOR'S AFFIDAVIT**

I, \_\_\_\_\_, optician license number \_\_\_\_\_ do hereby certify that I was responsible for the training and supervision of the above named applicant and that the information herein contained is true, correct, and complete. I have also instructed this apprentice in the provisions governing opticians in the State of Connecticut (Connecticut General Statutes, Chapter 38I; Regulations, Section 20-14I-1 through 20-14I-3I) as it is imperative that he/she have a thorough understanding of the provisions governing the optical profession. I understand that the records of employment may be requested by the Department to support this verification. I also agree to substantiate or interpret this verification should I be contacted by the Department at a later date.

\_\_\_\_\_  
Signature of Supervisor

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (supervisor's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the statements made herein are true in every respect.

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public My Commission expires \_\_\_\_\_

Supervisor, please return this form directly to: Department of Public Health  
Optician Licensure  
410 Capitol Ave., MS# 12APP  
P.O. Box 340308  
Hartford, CT 06134-0308