

Department of Public Health
Bureau of Health Profession Licensure
Board of Registration of Dispensing Opticians
On-The-Job Lab Training

<u>Applicant Name:</u>	
<u>Licensee Name:</u>	
<u>Licensee License Number:</u>	
<u>Dates of Supervision</u>	
<u>Total Hours Supervised</u>	

Eyeglass Training:

Lensometer measurement, including sphere, cylinder, axis, and prism measurement and marking of measurements:	
Lens cutting:	
Automatic edging of lenses:	
Drilling and rimless mounting of plastic lenses:	
Hand stone edging of lenses:	
Use of a colmoscope/polariscope:	
Alterations of eyeglass frames and lens insertion:	
Use of lens-measuring devices, including Geneva lens measures, thickness gauges and neutralization devices:	
Use of fitting tools, including pliers, files, distometers, pupilometers and frame warmers:	

Contact Lens Training:

Use of contact lens equipment, including keratometers, slit lamps, radiosopes, cobalt light:	
Preparation and fitting of contact lenses, including keratometer measurement, corneal lens design, and lens inspection:	

I, _____, certify, under the pains and penalties of perjury, that the information I have provided pursuant to the above-stated apprentices application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Dispensing Opticians to suspend, revoke or otherwise discipline a license issued to me in accordance with Massachusetts Law.

Signature _____ Date _____

Authentication of Signature

Please note that ALL fields in this section must be completed by the Notary Public. Evidence of identification must be government issued photo ID.

On this ____ day of _____, 20____, before me, the undersigned notary public, _____ (name of applicant) personally appeared, proved to me through satisfactory evidence of identification, which were _____, (Ex: Driver's license, passport, etc.) to be the person who signed the preceding document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

Notary Public Signature _____

State of _____

County of _____

Commission Expires: _____