

Department of Public Health
Bureau of Health Profession Licensure
Board of Registration of Dispensing Opticians
Verification of Hours Form

Instructions: This form must be completed and signed by the apprentice's supervising mentor in the presence of a notary. Additional supervising mentors must complete a separate form. The supervising mentor must enter the number of hours in all subject matter areas for both on-the-job training and related technical instruction. Incomplete forms will be returned to the applicant.

Applicant Name:	
Date:	
Supervisor:	
Supervisor License Number:	
Dates of Supervision:	
Total Hours:	

On-the-job training (OJT) is required for all training subject matters areas except lens hardening, including drop-ball testing.

Eyeglass Training

Subject Matter	OJT/Supervised Work Hrs.	RTI/Related Technical Hrs.	Total Hrs.
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			

Lens hardening, including drop ball testing			
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			
Supervised optical fitting of eyeglasses with patients, including measurement of patients for eyeglasses, interpretation of prescriptions, selection of lens types, designing of lenses, and adjustment of eyeglasses			

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			

Administrative Training

Principles of administrative work, including inventory control, purchasing, use of statistical studies, and formula pricing			
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Principles of office management			
Resolution of client complaints			

Supervisor Attestations:

I supervised all on-the-job eyeglass training documented on this form:

Yes

No

I supervised all on-the-job contact lens training documented on this form:

Yes

No

If you answered no to either question above, the licensee responsible for the required supervision must complete the On-The-Job Training form.

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.

Supervisor 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: _____