

**This form is required for all applicants.
Complete registration forms must be mailed directly from the sponsor to:**

Board of Opticianry
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3258



Board of Opticianry Sponsor Registration Form

Page 1 of 2

- *Approved sponsors include opticians licensed in Florida for at least one year, Florida licensed optometrists, Florida licensed allopathic physicians, and Florida licensed osteopathic physicians with a clear, active license. An approved sponsor may only sponsor a total of two apprentices at one time and an apprentice may have no more than two sponsors at one time.*
- **A licensed optician that is not board certified may not train an apprentice in filling contact lens prescriptions and fitting and adapting contact lenses.** *Training in contact lenses must be provided by a Florida board-certified optician, a Florida licensed optometrist, a Florida licensed allopathic physician, or a Florida licensed osteopathic physician. See Rule 64B12-16.003(6)(h), F.A.C.*
- *If your sponsor does not qualify to train you in contact lenses, you must find a sponsor who is qualified to train you or complete a board-approved course equivalent to 32 hours as a substitute for working experience with contact lenses.*

Apprentice Information

Apprentice Full Name: _____

Number of hours this apprentice will work per week under direct supervision of a sponsor: _____

Primary Sponsor General Information

Sponsor Name _____ Business Name _____

Address/City/State/ZIP _____

Telephone Number _____ Fax _____

Primary Sponsor License # _____ Profession _____

Rule 64B12-16.003, F.A.C., requires the apprentice to complete training in filling, fitting and adapting contact lenses by a Florida board-certified optician, a Florida licensed optometrist, a Florida licensed allopathic physician, or a Florida licensed osteopathic physician. Will this training be provided by the primary sponsor?

Yes No **(You must check one.)**

Secondary Sponsor General Information (if applicable)

Secondary Sponsor Name _____ Business Name _____

Address/City/State/ZIP _____

Telephone Number _____ Fax _____

Secondary Sponsor License # _____ Profession _____

Rule 64B12-16.003, F.A.C., requires the apprentice to complete training in filling, fitting and adapting contact lenses by a Florida board-certified optician, a Florida licensed optometrist, a Florida licensed allopathic physician, or a Florida licensed osteopathic physician. Will this training be provided by the secondary sponsor?

Yes No **(If this section is completed, you must check one.)**

Board of Opticianry Sponsor Registration Form

Page 2 of 2



Apprentice Full Name: _____

I state that I dispense eyewear and maintain all of the equipment required by Rule 64B12-10.007, F.A.C., on the same premises where the apprentice works. I further state that my apprentice and I have reviewed, **together**, ch. 484, Part I, Florida Statutes, and Rule 64B12-16, F.A.C. I declare that I fully understand my responsibilities to my apprentice and to the Board of Opticianry and the Department of Health, as a properly registered sponsor of an apprentice registered in the opticianry apprenticeship program.

Primary Sponsor Signature

Date (MM/DD/YYYY)

Secondary Sponsor Signature (if applicable)

Date (MM/DD/YYYY)