

**APPRENTICESHIP TRAINING IN OPHTHALMIC DISPENSING  
SEMI-ANNUAL EVALUATION FORM**

Length of Training Program – Pursuant to T.C.A. §63-14-103(a)(10): The period of apprenticeship training must be a minimum of three (3) Years and must include a total of five thousand two hundred fifty (5,250) hours of full time or part time education and training under qualified supervision.

Semi-annual evaluation periods begin six (6) months from the initial registration and six (6) months thereafter until completion of the required training period. Make as many copies of this form as necessary.

The filing of these forms is **mandatory**. You will not receive reminders to submit this information. This is your responsibility. If these forms are not filed semi-annually, you will be considered not actively pursuing licensure and your application will be closed and you will be required to reapply and pay all fees.

Once you have completed a total of 5,250 hours of education and training under qualified supervision, you will be sent a letter, an application, instructions for completing a criminal background check, and a copy of the rules and regulations stating that you may apply for licensure. If, for any reason, you are not able to apply for licensure at that time, you are still considered to be in apprenticeship training and semi-annual evaluations forms must continue to be submitted to this office. Failure to do so will result in your apprenticeship file being closed. You will be required to complete a new apprenticeship application, pay the fee, and begin a new period of 3 year apprenticeship training.

**Please remember, your apprenticeship date begins the date you receive confirmation from the Board. All 6 month evaluations must reflect these dates. If there is a break, a letter must be issued to the Board stating the reason for the break.**

Mail to: BOARD OF DISPENSING OPTICIANS  
665 Mainstream Drive  
Nashville, TN 37243

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

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Current Practice Name & Address: \_\_\_\_\_

Hours worked per week \_\_\_\_\_ **Total cumulative hours** earned since **beginning** apprenticeship: \_\_\_\_\_

Duties listed below should be given percentages of time performed on each during a normal work week. Total percentage must account for 100% of work time. Fill in each line.

% OF TIME	DUTIES PERFORMED
	Fitting and adjusting lenses to human faces
	Fitting contact lenses
	Interpreting prescriptions and making optical calculations
	Verifying
	Optical laboratory work
	Selling merchandise (Other than ophthalmic materials)
	Stock work
	Office work
	Describe other duties not listed

Direct/Alternate Supervisor's Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

This **current** evaluation period **began**: \_\_\_\_\_ and **ended** on \_\_\_\_\_

AFFIDAVIT OF APPLICANT

I declare and affirm that the statements made on this form are true, complete and correct. I understand that any false or misleading information on this form may be cause for denial or loss of my apprenticeship.

Signature of Applicant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

(Notary Seal)