

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342 | Voice and Fax Line: (870) 572-2847

APPRENTICE QUARTERLY SUPERVISION REPORT

To be submitted end of month in February, May, August, November Report must be received or post-marked no later than 10th day of March, June, September, December for the previous reporting quarter.

WEEK NUMBER	7 DAY WEEK BEGINNING SUNDAY	7 DAY WEEK ENDING SATURDAY	TOTAL NUMBER OF HOURS SUPERVISED	APPRENTICE SIGNATURE	SUPERVISION SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Total Hours Supervised: _____

I, _____, Apprenticed Dispensing Optician holding Apprentice License Number _____ do affirm that the supervisory hours reported above are true and correct to the best of my knowledge.

Print Name

Signature

DATE

I, _____, Licensed/Registered Dispensing Optician holding License Number _____ do affirm that I have supervised the above named apprentice for the hours specified in the report and that the report is true and correct to the best of my knowledge.

Print Name

Signature

DATE

I, _____, Licensed/Registered Dispensing Optician holding License Number _____ do affirm that I have supervised the above named apprentice for the hours specified in the report and that the report is true and correct to the best of my knowledge.

Print Name

Signature

DATE