

**Arkansas Board of Dispensing Opticians
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
Post Office Box 627, Helena, AR 72342 Voice and Fax Line: (870) 572-2847

WEEK Number	7 Day Week Beginning Sunday	7 Day Week Ending Saturday	Total Hours Submitted	ADO Initials	Hours Supervised	L/R DO Initials	Hours Supervised	L/R DO Initials	Hours Supervised	L/R DO Initials	Hours Supervised	L/R DO Initials
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												

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.

Signature

Print Name 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.

Signature

Print Name DATE

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Apprentice Dispensing Optician Name and License # _____

Dates Covered: _____

Submitted: _____

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.

Signature

Print Name 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.

Signature

Print Name 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.

Signature

Print Name DATE