



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Dispensing Opticians Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Apprentice Termination of Sponsorship/Verification of Training

12 AAC 30.110(d) requires that within 30 days of termination or completion of apprentice training, the supervisor must notify the department in writing. Complete this form in its entirety and submit it to the address above. If a section does not apply, write "N/A". If you have zero hours to report, you still need to submit this form in order to terminate the apprenticeship. Dispensing Opticians can have only TWO apprentices at any given time (AS 08.71.160(b)). There is no limit to the number of apprentices for optometrists or medical physicians (MD/DO). Alternate sponsors should also use this form for hours completed. You must also include the Check Sheet Verification (#08-4151c) with this form, completed in its entirety. Incomplete Apprentice Termination forms or Check Sheet Verification forms will be returned.

Apprentice Name:		License Number:	
Business Name:		Phone Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Supervisor Name:		License Number:	
License Type:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Dispensing Optician <input type="checkbox"/> MD/DO		
If Dispensing Optician, Licensed For:	<input type="checkbox"/> Contacts <input type="checkbox"/> Spectacles <input type="checkbox"/> Both		
Contacts Training Start Date:		Contacts Training End Date:	
		Total Hours of Contacts Training:	
Spectacles Training Start Date:		Spectacles Training End Date:	
		Total Hours of Spectacles Training:	
Comments:			

Notarized Signature

I HEREBY CERTIFY that the above apprentice received the hours of training listed above in accordance with 12 AAC 30.120 and that I have complied with the supervision of apprentice requirements in accordance with 12 AAC 30.125. I understand that this report is subject to audit, and that I have completed the Check Sheet Verification form (#08-4151c) in accordance with 12 AAC 30.120.

Notary Stamp	Printed Name:		Title:	
	Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	