

**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 10<sup>th</sup> 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 No. Hours Supervised	Apprentice Signature	Supervision Signature
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

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