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 7 Day Week

Total No.

Hours

7 Day Week

Ending

Apprentice

Signature

Supervision

Signature

DATE

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1	Sunday	Saturday	Supervised		
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I, trained	under the direct sup	pervision of any Arl	kansas-licensed opto re true and correct	ometrist or Arkansas-licensed to the best of my knowled Signature Print Name	l physician skilled in disease dige. DATE
I, trained eye, the	under the direct supsupervisory hours	pervision of any Arl reported above and	kansas-licensed opto re true and correct , Arkansas Lice mber	Signature Print Name ensed Optometrist or Arkan do affirm that I have support is true and correct to the	h physician skilled in disease of dge. DATE nsas Licensed Physician servised the above named
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Print Name

WEEK

Number

Beginning