

North Carolina



State Board of Opticians

P.O. Box 6758
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***** CERTIFICATION OF COMPLETION *****

2 1/2 YEAR APPRENTICESHIP

LEADING TO ADMISSION TO SIT FOR LICENSURE EXAMINATION

(Authority: General Statutes 90-240, -253; N.C.A.C. Title 21, Chapter 40, Sections .0314 & .0207)

***** Please complete each item, you and your trainer sign the form. *****

Name _____ Date of Birth _____ Social Security Number _____

Home Address _____ Sex _____ Race _____ Home Telephone _____ ()

City _____ State _____ Zip Code _____

Registered Optical Training Establishment _____ Business Telephone _____ ()

Street Address _____ City _____ State _____ Zip Code _____

Signature of Applicant _____ Signature of Licensed Trainer _____ License Number _____

Date

*****Sign and return by mail. DO NOT FAX. Original Signatures needed.*****

SUBMIT A COPY OF THE NAO OR DTCC CERTIFICATE OF COMPLETION WITH THIS FORM