



North Carolina State Board of Opticians

P.O. Box 6758
Raleigh, NC 27628-6758

Phone: (919) 420-1390
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Email: info@ncopticiansboard.org

Date: _____
2 ½ Year Apprenticeship
3 ½ Year Apprenticeship
6 Month Internship

Trainer _____ # _____ Fax: _____

When the training of an apprentice or intern is discontinued or transferred from under your license, you, as registered trainer, are **required** by North Carolina General Statutes **to sign off as trainer and to document the training time:**

Trainee: _____ # _____

Employed by: _____

Starting (month) _____ (day) _____ (year) _____

X Ending (month) _____ (day) _____ (year) _____

working full-time on the opticianry Apprenticeship (or) Internship Program following the training guidelines under:

X Trainer's Signature

X _____
Date

*****Complete and RETURN BY MAIL – DO NOT FAX*****
Original signatures required