

North Carolina



State Board of Opticians

P.O. Box 25336
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***** CERTIFICATION OF COMPLETION *****

6 MONTHS INTERNSHIP

LEADING TO LICENSURE AS A REGISTERED DISPENSING OPTICIAN IN THE STATE OF NORTH CAROLINA

(Authority – General Statutes 90-237, -249, -253; N.C.A.C. Title 21, Chapter 40, Sec. .0207, .0304)

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

Name Date of Birth Sex Race

Residence Street Address Social Security Number

City State Zip Code

Registered Optical Training Establishment Telephone ()

Street Address City State Zip Code

Signature of Applicant

Signature of Trainer

Date