

**ARKANSAS BOARD OF DISPENSING OPTICIANS**

Post Office Box 627

Helena, AR 72342

Voice and Fax Line: (870) 572-2847

**SUPERVISION AGREEMENT<sup>1</sup>**

**LICENSED/REGISTERED DISPENSING OPTICIAN**

NAME: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that I am aware of the services \_\_\_\_\_, an  
apprenticed dispensing optician under my supervision, is to provide to the general  
public. I agree to supervise the apprentice dispensing optician providing services to the  
general public by direct personal physical provision of direction and control through  
personal inspection as provided in the Rules promulgated by the Board of Dispensing  
Opticians. I further agree to complete Quarterly Supervision Reports for the  
Apprenticed Dispensing Optician for submission to the Board.

**APPRENTICED DISPENSING OPTICIAN**

NAME: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, an apprenticed dispensing  
optician understand the requirements of the Supervision Agreement. I will only provide  
dispensing optician services to the public when under the direct personal physical  
direction and control of the supervising Licensed/Registered Dispensing Optician. I will  
submit this form and Quarterly Supervision Reports to the Board of Dispensing  
Opticians as provided for in the Rules promulgated by the Board.

Licensed/Registered Dispensing Optician: \_\_\_\_\_  
(Print)

Licensed/Registered Dispensing Optician: \_\_\_\_\_  
(Sign) DATE

Apprenticed Dispensing Optician: \_\_\_\_\_  
(Print)

Apprenticed Dispensing Optician: \_\_\_\_\_  
(sign) DATE

<sup>1</sup> An Apprenticed Dispensing Optician must submit a separate supervision agreement for each Licensed or Register  
Dispensing Optician under whose supervision they practice.