Sponsor Removal of Apprentice Form

Pursuant to KRS 326.035 the Kentucky Board of Ophthalmic Dispensers has provided an apprentice training program. Since this program is designed to encourage apprenticeship training and the development of highly skilled and well-qualified ophthalmic dispensers, the Board will limit the number of apprentices to not more than two (2) apprentice to each active registered Ophthalmic Dispenser in each establishment.

**If you are an apprentice trying to update your Sponsor information, please complete the “Apprentice Change of Sponsor” Form.**

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**Must be completed in full - Incomplete forms will be returned.**

Name of Ophthalmic Dispenser Sponsor: ____________________________________________

License #: ___________________________ Email Address: ____________________________

Current Mailing Address: _________________________________________________________

___________________________________________ Phone #: ______________________

Current Business Name: _________________________________________________________

Current Business Address: _________________________________________________________

___________________________________________ Phone #: ______________________

Name of Apprentice to be removed from your license: ________________________________

Apprentice License #: ___________________________ Last Date of Sponsorship: __________

I, the Ophthalmic Dispenser Sponsor named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief.

___________________________________________  __________________________
Ophthalmic Dispenser Sponsor Signature  Date