



1) All equipment must be in good working order and available to you for weekly supervised instruction and use. 2) You must have access to and a working knowledge of all the equipment required for the course(s). 3) You must have at least one year of work experience in an ophthalmic dispensary. 4) This form must include all courses you propose to attend monthly through the duration of the program. 5) If you change locations or business you must resubmit this form for consideration. You do not need to submit this form if you plan to attend the weekly lab classes.

Instructions: Place a check mark next to the items available to you in the course(s) you propose to attend monthly.

OPH 111 - Ophthalmic Lab I

- Manual Lensmeter
- Progressive Identifier Booklet
- Lens Thickness Caliper
- Progressive Layout Charts
- Lens Measure (Lens clock)
- PD Ruler

OPH 112 - Ophthalmic Lab II

All equipment listed for OPH 111 with the addition of:

- Lens Layout and Blocker
- Hand Edger (Hand Stone)
- Lens Edger
- Lens Groover
- Frame Tracer
- Tint Unit

OPH 132 - Optical Dispensing II

Optical practice that allows student to adjust, fit, and dispense eyewear to patients/customers

- Manual Lensometer
- Frame Warmer (air or beads)
- Assorted Optical hand tools
- PD measuring devices (PD ruler and/or Pupilometer)

OPH 215 - Laboratory Proficiency

All equipment listed for OPH 111 and OPH 112.

OPH 261 and OPH 262 - Contact Lenses I and II

Optical practice that dispenses both RGP (ridged gas permeable) and soft lens contacts

- Manual Lensometer
- Lens Diameter "V" Gauge
- CL Polishing Unit
- Manual Keratometer
- Measuring Magnifier
- CL Thickness Caliper
- Slit Lamp
- Radiuscope
- Distometer Conversion Wheel

OPH 251 - Internship

Optical practice that has a full finishing lab with all of the equipment listed for OPH 111, OPH 112, and OPH 215.

OPH 282 – Externship

Optical practice that has all of the equipment listed for OPH 111 and OPH 132.

- Location cannot be the student’s current place of business
- Student cannot be paid during the 6 hours required for the course

Additional requirements: (Initial agreement)

1. Access to equipment on a weekly basis and a working knowledge of the equipment.
2. Ability to spend at least 3 hours per week completing projects using the equipment.
3. Agreement with supervisor/trainer to periodically assist you with equipment use and projects.
4. Provide a signed affidavit by the practice manager or owner that all the equipment is available.
5. Agreement with supervisor/trainer/owner to allow for planned site visit to verify equipment and use.

*The final decision to attend monthly, rather than weekly lab classes will be determined by the Opticianry faculty upon receipt of the **Monthly-Option Application**. You will be notified via email of your planned on-site evaluation and/or immediate acceptance. A student who is removed or rejected from the monthly lab option will be required to attend the weekly lab classes. If the student changes practice locations during the course of the program, the form will need to be resubmitted for consideration of the new location pending evaluation.*

OPH course descriptions are available in the [courses section](#) of the Durham Tech website.



Instructions: Complete the form below. Please print in all sections except signatures. Once complete, email both pages of the application to Janet Alspaugh at alspaughj@durhamtech.edu and Tracy Bennett at bennettT@durhamtech.edu. You will be contacted via your ConnectMail to discuss your application and schedule a site evaluation.

Application for courses: (circle all that apply) ALL 111 112 132 215 261 262 251 282

Program Entry: (circle one) FALL SPRING Year you began OPH program courses _____

Is this your first time submitting this application: (circle one) YES NO

If no, please explain. _____

Optical Business Name: _____

Street Address: _____

City/State/ZIP: _____

Phone Number: _____

Please read the statement below before signing:

Completion of this form indicates the student has weekly access to the equipment required for the courses indicated, meets all additional requirements on the application, has at least one year of work experience in an ophthalmic dispensary, and has a designated supervisor/trainer (indicated on form below) who is able to instruct and assist the student during weekly completion of the course projects. The student is responsible for managing and completing the assigned activities but may seek assistance from the supervisor/trainer at times.

Student Full Name and Student ID#: _____

Student Signature: _____

Student ConnectMail email: _____

Student work experience in current ophthalmic dispensing facility: _____ years _____ months

Student duties in current ophthalmic dispensing facility: _____

Licensed Optician supervisor/trainer (print name): _____ **License #** _____

Licensed Optician signature: _____ **Date** _____

OD/MD supervisor/trainer (print name): _____ **License #** _____

OD/MD signature: _____ **Date** _____

Email completed forms to all of the faculty members listed below:

Janet Alspaugh (alspaughj@durhamtech.edu) and Tracy Bennett (bennettT@durhamtech.edu).