



Optometrists and
Dispensing Opticians Board

Te Poari o ngā Kaimātai Whatu me ngā Kaiwhakarato Mōhiti

RECORD OF TRAINING

In

OPTICAL DISPENSING

For

OTEN/TAFE Students

Introduction:

One of the functions of the Optometrists and Dispensing Opticians Board of New Zealand under the Health Practitioner Competency Assurance Act 2003 (HPCA Act) is to authorise the registration of dispensing opticians. The purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions. The Board may register an applicant within a scope of practice if the applicant is fit for registration, and has the qualifications that have been prescribed for the scope of practice

Registration requirements:

Scope of practice for optical dispensing (dispensing optician):

Optical dispensing describes the practice of the interpreting and dispensing of optical prescriptions by a person with a recognised qualification. This includes the giving of advice and instruction in the dispensing of spectacle lenses, spectacle frames (including their fitting), contact lenses, and any other optical device intended for correction of a defect of sight.

Qualifications

The Board has adopted certain qualifications as the required level of education for optical dispensing in New Zealand. Approved courses available in New Zealand are:

1. OTEN/TAFE NSW Certificate IV in Optical Dispensing awarded by the New South Wales Technical and Further Education Commission (TAFE) is a correspondence course conducted by Open Technical Education Network (OTEN) being the remote learning division of the New South Wales Technical and Further Education Commission. The delivery of the practical education sections of the course are conducted in New Zealand by OPTIBLOCKS, a body established by the Association of Dispensing Opticians of New Zealand Inc. in conjunction with OTEN
2. RMIT Certificate IV in Optical Dispensing awarded by the Royal Melbourne Institute of Technology, Melbourne, Australia, is a correspondence course with online and work based study components. The practical aspects of the course are conducted in New Zealand for Luxottica students by NZ registered practitioners supplemented by staff from RMIT and in Melbourne by RMIT staff for all other students.
3. ACOD Certificate IV in Optical Dispensing awarded by the Australasian College of Optical Dispensing (ACOD) is a correspondence course with online and work based study components. The theory component is covered online and the practical components of the course are covered and assessed by OPTIBLOCKS, a body established by the Association of Dispensing Opticians of New Zealand Inc. in conjunction with ACOD and are conducted in dedicated training rooms at the New Zealand OptiBlocks site in Auckland.

Dispensing Opticians in New Zealand complete their training by participating in any of the above courses.

The Board has set an additional pre-registration requirement for students completing either of these courses. This “book” is a documented record of training. It is a requirement of registration that this record be completed and submitted with the registration application.

It is also a requirement of registration that students complete 800 hours of practical experience and training under the supervision of a dispensing optician or optometrist who has been registered for at least two years and who holds a current APC.

Instructions for completion of Record of Training

Completion of the record of training should not commence until the following units and/or part units have been completed. Please refer to your education providers’ official documentation and note the month and the year of completion on the relevant table below.

OTEN Students that commenced the course **before** January 2008 must fully complete all assignments and tests related to the following:

Module	Date Completed
Orientation to the Optical Industry	
Light	
Spherical Lenses	
Edging and Fitting 1	
Edging and Fitting 2	
Ophthalmic Prism	
Astigmatic Lenses	
Lens thickness	
Lens design	
Multifocal and Progressive Lenses	
Functional dispensing 1 practical block	

OTEN students who commence the course **from January 2008 onwards** must complete all of the following modules **before** beginning to log hours in their Record of Training:

Module	Date Completed
“Work effectively within the optical industry” (Complete full unit)	
“Dispense optical appliances and services” (completion of all assignments and test for the following topics:	
Principles of Light	
Theory of Lenses 1	
Theory of Lenses 2	

This ROT must be completed within two years following the date of eligibility to graduate (found on the final transcript of educational achievement as issued by your course provider).

The 800 hours of experience and training should be time spent in the practice of Optical Dispensing and related tasks as detailed in this Record of Training.

The Board recognises that learning does not stop once the course is completed, but that the development of a dispensing optician's knowledge is ongoing through practical experience and with the advice and support of peers. This ROT is a formal way of recognising this process.

PERSONAL DETAILS

Please print clearly

STUDENT

Name: _____

Address: _____

City: _____

Email: _____

Telephone: _____

Employer/Supervisor 1: _____

Address: _____

City: _____

Email: _____

Telephone: _____ Reg # _____

Employer/Supervisor 2: _____

If required

Address: _____

City: _____

Email: _____

Telephone: _____ Reg # _____

RECORD OF HOURS WORKED IN THE PRACTICE OF OPTICAL DISPENSING AND RELATED TASKS AS DETAILED IN THIS RECORD OF TRAINING

Week Starting	Hours Worked	Hours Dispensing	Supervisor's Signature

Total hours dispensing this page_____

Supervisor's name_____

Supervisor's reg #_____

Employer/Supervisor Declaration

Employer/Supervisor 1

(To be completed by the employer or supervisor at the commencement of the record of practical training)

I certify that I am an optometrist / dispensing optician *(delete as necessary)* who has been registered for at least two years and that I am fully conversant with the requirements to provide

(Student's Name) _____ with the supervision necessary to fulfill the Board requirements for registration.

Employer/Supervisor Name: _____

Signature: _____ Date: _____

Reg #: _____

In the event of a change in employment or supervisor please complete the declaration below.

Employer/Supervisor 2

(To be completed by the employer or supervisor at the commencement of the record of practical training)

I certify that I am an optometrist/ dispensing optician *(delete as necessary)* who has been registered for at least two years and that I am fully conversant with the requirements of the Board to provide

(Student's Name) _____ with the supervision necessary to fulfill the Board requirements for registration.

Employer/Supervisor Name: _____

Signature: _____ Date: _____

Reg #: _____

HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003

The principal purpose of this Act is to protect the health and safety of the public by providing for mechanisms to ensure that health professionals are competent and fit to practice.

In preparation for your registration with the Optometrists and Dispensing Opticians Board of New Zealand, it is a requirement that you understand the purpose of the Act, and that you understand what your obligations will be under the Act as a registered dispensing optician.

- I have read and understand the 'Standards of Clinical Competence for Dispensing Opticians'
- I have read and understand the Boards 'Standards of Cultural Competence'
- I have read and understand the Boards 'Standards of Ethical Conduct'
- I understand that Continuing Professional Development (CPD) is a requirement of registration, and I understand that I will be required to obtain 20 CPD points per two year CPD recertification cycle.
- I understand that only when I am registered with the Board and hold an Annual Practising Certificate, am I legally allowed to use the title 'Dispensing Optician.'

Student: _____	Date: _____
Name: _____	Signature: _____