



MISSISSIPPI STATE BOARD OF OPTOMETRY

PRECEPTOR REPORTING FORM

Preceptor's Name

Mailing Address

City

State

Zip Code

Telephone Number

Email Address

By my signature below, I, an MSBO approved preceptor, attest that the below stated optometrist was present for the required eight (8) hours of preceptorship and, in so attesting, will offer no opinion, by implication or otherwise, that the optometrist is adequately trained or qualified to perform any patient care services with the YAG laser or any other equipment.

Optometrist's Name Under Preceptorship

Date of Completion of 8-Hour Requirement

Preceptor's Signature

Preceptor's Printed Name