

**CERTIFICATION BY SUPERVISOR (THIS FORM MAY BE COPIED IF NEEDED)**

1. The Licensed Optician who signs this certification by supervisor form must be the same licensed optician who signed your apprentice registration application.
2. The dates worked must correspond with the date on your apprentice registration.
3. You must submit a certification by supervisor signed by each licensed optician you were registered under during your apprenticeship.
4. If you are in the employment and under the supervision of an Ophthalmologist or Optometrists at his/her office, you must have the doctor complete this form for 24 months of supervised experience.
5. If your application is on the basis of completion of a two year college level program in Optical Dispensing at a Board approved school, you do not need to complete this form.

**CERTIFICATION BY LICENSED OPTICIAN:**

I, \_\_\_\_\_, of \_\_\_\_\_,  
 (Please Print Name) (Business Name)  
 \_\_\_\_\_ hereby certify that I am licensed as a(n) \_\_\_\_\_ in the State of \_\_\_\_\_. (Phone #)  
 License Number \_\_\_\_\_.

The applicant \_\_\_\_\_ has been under my supervision the following dates and hours:  
 (Please Print Name)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_ Average number of hours per week worked under my supervision \_\_\_\_\_.

**CERTIFICATION BY OPHTHALMOLOGIST OR OPTOMETRIST:**

I, \_\_\_\_\_, of \_\_\_\_\_,  
 (Please Print Name) (Business Name)  
 \_\_\_\_\_ hereby certify that I am licensed as a(n) \_\_\_\_\_ in the State of \_\_\_\_\_. (Phone #)  
 License Number \_\_\_\_\_.

The applicant \_\_\_\_\_ has been in the employment and under my supervision the following dates and hours:  
 (Please Print Name)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_ Average number of hours per week worked under my supervision \_\_\_\_\_.

**While under my supervision the apprentice demonstrated competency in performing the following TASKS, PROCEDURES and other appropriate SKILLS associated with the practice of optical dispensing as shown below:**

<u>1.</u>
<u>2.</u>
<u>3.</u>
<u>4.</u>
<u>5.</u>
<u>6.</u>
<u>7.</u>

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

NOTARY SEAL \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_  
OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
STATE

COUNTY OF \_\_\_\_\_