



OHIO OPTICAL DISPENSERS BOARD
 77 SOUTH HIGH ST. 16TH FLOOR
 COLUMBUS, OHIO 43215-6108
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 Email: odb@odb.ohio.gov

SUPERVISION AGREEMENT

PLEASE TYPE OR PRINT CLEARLY

APPRENTICE'S NAME		SOCIAL SECURITY NO. *		DATE
EMPLOYER'S NAME		DIRECT SUPERVISOR'S NAME & LICENSE NUMBER		
EMPLOYER ADDRESS (STREET)		(CITY)		
EMPLOYER PHONE ()	(STATE)	(ZIP)	(COUNTY)	
WORK E-MAIL ADDRESS				

APPRENTICE OPTICIAN – PLEASE READ CAREFULLY BEFORE SIGNING.

I UNDERSTAND THAT I MUST BE APPRENTICED UNDER THE DIRECT PERSONAL SUPERVISION OF THE ABOVE NAMED LICENSED DISPENSING OPTICIAN WHO MUST BE IN THE OPTICAL AREA DURING MY HOURS OF APPRENTICESHIP.

Signature of Apprentice Optician _____ Date: _____

DIRECT SUPERVISING OPTICIAN – PLEASE READ CAREFULLY BEFORE SIGNING.

I CERTIFY THAT I WILL PERSONALLY SUPERVISE THE EDUCATION AND TRAINING OF THE ABOVE NAMED APPRENTICE OPTICIAN. I WILL NOT PERMIT THE APPRENTICE TO PERFORM OPTICAL DISPENSING UNLESS I AM IN THE OPTICAL AREA TO PERSONALLY SUPERVISE THEIR EDUCATION AND TRAINING. I AM SUPERVISING NO MORE THAN THREE (3) APPRENTICES. I WILL MAINTAIN ALL RECORDS OF THE APPRENTICE'S EDUCATION AND TRAINING.

Signature of Licensed Dispensing Optician _____ LICENSE NUMBER: _____

Should be the same as Direct Supervisor listed above. DATE: _____

*Your social security number is required by state law (ORC3123.50) and federal law (42 U.S.C. Section 666) for purposes of child support enforcement. It, may also be used for reporting adverse actions to the federal National Practitioner Data Bank (45 C.F.R. pt.60).