

CERTIFICATION BY SUPERVISOR

NOTE: If your application is on the basis of completion of a two year college level program in Optical Dispensing in a Board approved school, you DO NOT need to complete the form.

1. One form completed for each supervisor.
2. The Licensed Dispensing Optician who signs the certification by supervisor form must be the same licensed optician who signed your apprentice registration application.
3. The dates worked must correspond with the date on your apprentice registration.
4. You must submit a certification by supervisor signed by each licensed optician you were registered under during your apprenticeship.
5. 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 the form for 24 months of supervised experience.

LICENSED DISPENSING OPTICIAN:

I, _____, of _____,
(Please Print Name) (Business Name)

hereby certify that I am licensed as an _____ License Number _____ issued
in the State of _____. Phone # _____.

The applicant _____ has been under my supervision the following dates:
(Please Print Name)

FROM _____ TO _____ with the average number of hours per week, under my
supervision is _____(hrs).

OPHTHALMOLOGIST OR OPTOMETRIST:

I, _____, of _____,
(Please Print Name) (Business Name)

hereby certify that I am licensed as an _____ License Number _____ issued
in the State of _____. Phone # _____.



Mike DeWine, Governor Marlene Anielski, Executive Director
Jon Husted, Lt. Governor

The applicant _____ has been in the employment and under my supervision the
(Please Print Name)

following dates and hours:

FROM _____ TO _____ with the average number of hours per week worked under
my supervision _____ (hrs).

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:

Table with 6 rows for listing tasks, procedures, and skills. Each row starts with a numbered line (1-6).

SIGNATURE OF SUPERVISOR

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____ 20 ____.

NOTARY SEAL _____ NOTARY PUBLIC

MY COMMISSION EXPIRES _____

STATE OF _____

COUNTY OF _____