



Supervision Agreement

PLEASE COMPLETE FORM

Apprentice Name _____ Social Security No* _____ Birth Date _____

Address (Street) _____ City _____ State _____

Zip _____ County _____ Home Phone _____

Personal email _____ Work email _____

Business Name _____

Business Address (Street) _____ City _____ State _____

Zip _____ County _____ Employers Phone Number _____

Direct Supervisor's Name _____

Direct Supervisor's License Number _____

Employer Phone Number _____

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 1,000 or 2,000 hours of apprenticeship.

Signature of Apprentice Optician _____ Date _____

DIRECT SUPERVISING OPTICIAN – PLEASE READ CAREFULLY BEFORE SIGNING

I certify that I 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, training, and hours.

Signature of Licensed Dispensing Optician _____ Date _____

License Number _____

*Your social security number is required by state law (ORC 3123.50) and federal law (42 U.S.C. Section 666) for the purpose of child support enforcement. It may also be used for reporting adverse actions to the federal National Practitioner Data Bank (NPDB) (45 C.F.R. pt.60).