# Ocularist Apprentice Supervisor Statement

Please complete section one of this form and forward to your supervisor to complete section two.

**Section One—To be completed by the applicant.**

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Date of Birth:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**Section Two—To be completed by the supervisor.**

<table>
<thead>
<tr>
<th>Name of Supervisor:</th>
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<table>
<thead>
<tr>
<th>License Number:</th>
<th>Phone (enter 10 digit #):</th>
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<table>
<thead>
<tr>
<th>Name of Business:</th>
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I request that the above named applicant be registered under my supervision as an apprentice ocularist.

I certify that I am qualified to act as an apprentice ocularist supervisor and I have read and am familiar with [RCW 18.34](#) and [WAC 246-824](#) relating to the training and registration of apprentice ocularists. I will record the beginning and ending dates of supervision of this apprentice and maintain a record of total hours worked under my supervision. I understand I may not have more than two apprentices under my supervision at any one time.

<table>
<thead>
<tr>
<th>Signature of Supervisor</th>
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DOH 678-024 August 2016