

Ocularist Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

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.

Name of Applicant:		Date of Birth:
Address:		
City:	State:	Zip Code:

Section Two—To be completed by the supervisor.

Name of Supervisor:		
License Number:	Phone (enter 10 digit #):	
Name of Business:		
Address:		
City:	State:	Zip Code:
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.		
Signature of Supervisor		Date: