



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Dispensing Optician Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Statement of Supervision

In accordance with 12 AAC 30.110, a dispensing optician apprentice may only practice under direct supervision.

This recommendation must be signed by your supervisor, in accordance with 12 AAC 30.110(i).

Apprentice Name:	
-------------------------	--

PART I Supervisor

By my signature below, I attest that all information contained herein is true and accurate. I hereby certify the above-named dispensing optician apprentice will be under my supervision, in accordance with 12 AAC 30.110.

Supervisor Name:		Supervisor License Number:	
Supervisor Signature:		Date Signed:	

PART II Alternate Supervisor (If Applicable)

By my signature below, I attest that all information contained herein is true and accurate. I hereby certify the above-named dispensing optician apprentice will be under my supervision, in accordance with 12 AAC 30.110.

Alt. Supervisor Name:		Alt. Supervisor License Number:	
Alt. Supervisor Signature:		Date Signed:	