



**Secretary of State  
Office of Professional Regulation**

**OPTICIANS  
Notification of Change in Supervision**

**To be completed by the Optician Trainee:**

Optician Trainees Name:			
Optician Trainees Registration Number:			
Phone No.		Email:	

Name of Previous Supervisor:		License Number of Previous Supervisor:	
Name of Previous Practice Location:			
Address of Previous Practice Location:			

**(Note: Your previous supervisor must complete a Notification of Terminated Supervision form)**

Name of New Supervisor:		License Number of New Supervisor:	
Name of New Practice Location:			
Address of New Practice Location:			

<b>Applicant's Signature:</b>	
-------------------------------	--

**The following must be completed by the new supervising Ophthalmologist, Optometrist, or Optician.**

Supervisor's Name:		Title: (OD, MD, etc.)	
Vermont License Number:		Date of Initial Licensure:	
Indicate the date that the training will begin: (Note: Hours earned toward training will not count until the change has been approved and processed)			

**List below any other Optician Trainee you are currently supervising**

Trainees Name:	Trainees Registration Number:	Date Training Began:

**Statement of Supervisor**

I agree to take full responsibility for the training of the above-mentioned trainee employed by me at the above mentioned practice.

Signature of Supervisor	Date