Secretary of State
Office of Professional Regulation

OPTICIANS
Notification of Termination

To be completed by the Optician Trainee:

Optician Trainees Name:			
Optician Trainees Registration Number:			
Phone #		Email:	

Optician Trainee Signature:	

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

Supervisor's Name:		Title: (OD, MD, etc.)	
Supervisors VT License #:		Date of Initial Licensure:	
Name of Practice Location:			
Address of Practice Location:			

When did the above-named trainee begin his/her approved practice as a registered optician trainee under your supervision? (MM/DD/YY)	
Indicate the total number of hours the trainee worked during his/her supervised employment.	
Reason for Termination:	

Statement of Supervisor

I certify, under the pains and penalties of perjury, that all information I have provided in this document is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a $10,000 fine. (13 V.S.A. §2901)
Signature of Supervisor Date