



THE STATE
of **ALASKA**

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

DOP

FOR DIVISION USE ONLY

Dispensing Opticians Program
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: DispensingOpticians@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Supervisor's Statement of Responsibility

This form must be completed and signed by the licensed physician, optometrist, or dispensing optician who will provide the training and supervision of the hours obtained in dispensing optician's duties.

Return this form directly to the letterhead address. Do not return it to the applicant.

Sponsor Type:	<input type="checkbox"/> New Sponsor	no fee
	<input type="checkbox"/> Change Sponsor <i>(fee payment is the responsibility of the applicant)</i> <i>(Verification of Apprenticeship Training form also required)</i>	\$50.00
	<input type="checkbox"/> Alternate Sponsor <i>If the apprentice already has a sponsor:</i>	no fee
	Name of primary sponsor: _____	
	License type and number: _____	

I will be serving in the capacity of supervisor and instructor for the below-named apprentice:

Type of training: Spectacles Contacts Both

I will be the: Primary Sponsor Alternate Sponsor

Sponsor Name:	
Sponsor Address:	
Sponsor Phone:	
Contact Email:	



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Supervisor's Statement of Responsibility

(continued)

Sponsor's Alaska License Number:	
AK License Expiration Date:	

I possess a current, unrestricted license to practice as a:

- Dispensing optician with an endorsement to dispense: Spectacles Contacts
 Optometrist
 Physician

Employer's Name:	
Facility Name:	
Facility Address:	

I will provide regular supervision of this apprentice within the scope of practice authorized by my license and will work at the same facility for the same employer as the apprentice. I will provide an alternate supervisor who may provide supervision to this apprentice when I am unavailable. I acknowledge I can have no more than two apprentices registered under my supervision.

I acknowledge that I am responsible for the proper performance of any dispensing optician task that I delegate to the apprentice. I will notify the Dispensing Opticians Section within 30 days of the termination of my supervision. I understand that I will be asked to certify the apprentice's training and competency at the end of my supervision. I certify under penalty of perjury that the above information is true and correct.

Sponsor's Signature:		Date:	
Notary Stamp	Notary Public for State of:	Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:	My Commission Expires:	

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