

GEORGIA STATE BOARD OF DISPENSING OPTICIANS

<https://sos.ga.gov/licensing-division-georgia-secretary-states-office>

This page/form should ONLY be completed if you have FAILED TWO EXAMINATIONS, which requires additional education and training required by the Board.

AFFIDAVIT OF EXPERIENCE AND EMPLOYMENT

(This form is to be completed by the Licensed Professional serving in a supervisory capacity)

_____ (Applicant's Name) has become proficient with the instruments used in Optical Dispensing. Since the last examination he/she has obtained additional training. The following additional experience was supervised training in the field of ophthalmic dispensing:

I _____, a licensed (circle one) MD, OD, LDO, License Number _____ in the State of _____, further certify that during the foregoing period of employment, I instructed the applicant in the necessary subject matters required to practice as a Dispensing Optician.

(Signature of Licensed Professional serving in the supervisory capacity)

Out of state supervising professionals must submit a copy of their current license.

Personally appeared before me, the undersigned official authorized to administer oaths,

_____ (Printed Supervisors Name) deposes and swears that he/she is the person who executed this

affidavit for the Georgia State Board of Dispensing Opticians; and that all the statements herein contained are true to the best of his/her knowledge and belief.

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public
My commission expires: _____

(Seal)