Washington State Department of Health
Dispensing Optician Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Apprenticeship Log

Supervisor: _____

Apprentice: _____

Date		Total Hours	Supervisor Initials	Apprentice Initials
From (mm/dd/yyyy)	To (mm/dd/yyyy)			

This Form May Be Duplicated