



Ocularist Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Experience Certification

Candidate Instructions:

A separate copy of this form should be used to certify each position claimed as work experience outside of the state of Washington. It is the applicant's responsibility to have this form fully completed by their previous employer. This form should be submitted to the above address by each previous employer.

Section I—To be completed by the Applicant—Please Print

Full Name Under Which Applying

Previous or Other Names Used

Street Address

City	State	Zip Code	Phone (enter 10 digit #)
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Signature of Applicant

Section II—To be completed by the Employer—Please Print

I certify that the applicant named above was employed by:

Name of Firm or Agency

Street Address

City	State	Zip Code	Phone (enter 10 digit #)
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for a period of _____ months from _____ to _____. The applicant was actually and primarily engaged in the practice of an ocularist.

Under penalties of perjury, I declare and affirm that the above statements are true, complete, and correct.

Signature of Employer/Authorized Agent

Date

Position in Form

Address