



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

Dispensing Optician Apprenticeship Extension Request

Please print clearly. It is the responsibility of the applicant to submit all required supporting documents.
Failure to do so may result in the denial of your extension request.

1. Demographic Information

Dispensing Optician Apprenticeship number

Name: First

Middle

Last

Birth date (mm/dd/yyyy)

Address

City

State

Zip Code

County

Phone (enter 10 digit #)

Email Address

2. Employment History

Your supervisor is required to submit your [Dispensing Optician Apprenticeship Training Certification](#) indicating how many hours you have currently on record. This form must come directly from your supervisor.

Total Number of Apprenticeship Hours

Do you currently have an approved supervisor? Yes No

3. Extension Request Information

Select the appropriate box as it pertains to your circumstances

Extension criteria includes but is not limited to:

- Department error
- Medical leave/emergency for self or family member
- Maternity Leave
- Death in the family
- Military relocation
- Military leave/duty
- Natural disaster
- Man-made disaster
- Other

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

4. Explanation

Reason you are applying for an extension:

Why were you unable to complete your apprenticeship hours?

What is your plan to complete the remaining hours?

How long of an extension are you requesting?

Dated _____ (mm/dd/yyyy) By: _____ (Applicant signature)