

Applicant Name: _____

This certifies that I have been professionally acquainted with the applicant noted above for at least five (5) years and know her/him to be of good moral character.

Professional Reference Name

Professional Reference Signature **Date**

Address

Address Cont.

Email Address **Phone Number**

**You are required to have three (3) professional references.
Please return all three (3) reference forms along with your application to:**

**D.C. Board of Optometry
P.O. Box 37802
Washington, DC 20013**

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