

**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**

**Board Address: 2201 Shannon Place SE, 2nd Floor, Washington, DC 20020**  
**Board Email Address: [dcboop@dc.gov](mailto:dcboop@dc.gov)**

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