



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

AFFIDAVIT

I, _____, being duly sworn, attest that:

1. I am an optician licensed in the State of Connecticut.
2. During the exemption period from _____ to _____ I did not/will not actively engage in the practice of optician in the State of Connecticut.
3. I, therefore, claim an exemption for the above-specified period from the Department of Public Health Regulations Section 20-146(c)-1 through 20-146(c)-5 which specifies that each licensee actively engaged in the practice of optician must complete a minimum of 7 credit hours during each continuing education monitoring period.
4. I understand that, should I resume the practice of optician in the State of Connecticut, I would be required to complete the requirements listed in Section 20-146(c)-7 of the Department of Public Health Regulations.
5. The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

Connecticut Optician License Number

Subscribed and Sworn before me this
_____ day of _____, 20_____.

Notary Public



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