

**Government of the District of Columbia  
Department of Health  
Health Regulation and Licensing Administration**



**Board of Optometry  
Professional Character Reference for Professional Licensure as an Optometrist**

**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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