APPLICATION FOR PRACTICAL EXAMINATION

(Please print or type):

Name: _____________________________ License # _____ _____ Issue Date: ________________

Home Address: __________________________ Street __________ City __________ State __________ Zip

Home Phone: ( ) __________________________ Social Security Number: _____ - _____ - _______

Name of Sponsor: __________________________ __________________________ License # ____________

Company Name: __________________________ Phone: ( ) __________________________

Business Address: __________________________ Street __________ City __________ State __________ Zip

List any state in which you now or have ever held a license to practice ophthalmic dispensing? __________________________

____________________________________________________________________________________

Have you ever had your license to practice ophthalmic dispensing revoked, restricted or denied in any state or territory or been placed on probation or entered into a voluntary surrender of your license? [ ] Yes [ ] No

If yes, please specify state, date, charge and circumstances: __________________________

____________________________________________________________________________________

Is there currently a complaint pending against you in another state in which you hold a license? [ ] Yes [ ] No

ATTENTION: YOU MUST HAVE COMPLETED THE ABO AND NCLE EXAMINATIONS AND YOUR TWO-YEAR APPRENTICESHIP TO BE ELIGIBLE TO TAKE THE PRACTICAL EXAMINATION. Your name on your license will appear exactly as you have printed it above. This application must be completed in it’s entirety. ABO AND NCLE CERTIFICATES MUST BE ATTACHED OR YOUR APPLICATION WILL NOT BE CONSIDERED BY THE BOARD. THERE ARE NO EXCEPTIONS!

YES, I completed the (ABO) National Opticianry Competency Examination on ___________ (date). A copy of my certificate is attached. My certificate number is ___________. If you have not yet received your certificate, you must attach a copy of the computer printout showing you successfully completed the examination.

YES, I completed the (NCLE) Contact Lens Registry Examination on ___________ (date). A copy of my certificate is attached. My certificate number is ___________. If you have not yet received your certificate, you must attach a copy of the computer printout showing you successfully completed the examination.

YES, I have completed a two year apprenticeship or have attached a copy of my transcript for a two year approved Associate Degree in Optical Science.

SIGNATURE: ______________________________________ _____ DATE: ______________________

SPONSOR’S SIGNATURE: ___________________________ __ DATE: ______________________