



POSTMARK DEADLINE IS SEPTEMBER 18, 2009



Registration Form for the November 15, 2009 National Certification Exams

THE EXAMS

The spectacle exam (National Opticianry Competency Exam) and the contact lens fitting exam (Contact Lens Registry Exam) were developed to identify those who possess the knowledge and skills required to dispense glasses and fit contact lenses safely and effectively, and to recognize all individuals who pass the exams as having met predetermined standards. The multiple-choice exams are given only in English and each exam is 2 ½ hours long. **You must be at least 18 years old, and be a high school graduate or have earned a GED or the equivalent in order to take the exams. ABO/NCLE reserve the right to require that you produce proof of eligibility at any time.**

THE REGISTRATION PROCESS

Exam registration is between the ABO and NCLE and the individual candidate. Registration fees, admission cards, scores, etc. are matters handled **ONLY** between the ABO and NCLE and the candidate *regardless of how registration payment is made or by whom*.

EVERY CANDIDATE IS RESPONSIBLE FOR READING AND KNOWING THE FOLLOWING INFORMATION. ADDITIONAL INFORMATION WILL BE PROVIDED UPON REGISTRATION.

- **REGISTRATIONS POSTMARKED AFTER THE SEPTEMBER 18, 2009 DEADLINE (U.S. Postal Service postmarks only) must include a \$30 per exam late fee and must be RECEIVED BY ABO/NCLE BY SEPTEMBER 25, 2009.** You may want to have it hand-stamped if you are mailing close to the deadline. Register early to avoid problems. *ABO/NCLE are not responsible for delivery problems by the U.S. Postal Service.*
- **FOLLOW THE DIRECTIONS** for completing the registration. It is your responsibility to provide correct information. **PRINT NEATLY AND ACCURATELY.** This information is used to enter your data into the computer, print your confirmation letter, admission card, score report and certificate.
- **PAYMENT. NO PERSONAL CHECKS.** Payment should be made to ABO/NCLE in U.S. funds; cashiers/certified/company check, money order or a credit card (American Express, Discover, MasterCard or Visa). **Credit cards that are declined for *any reason* will void your registration. If correct information can be provided before SEPTEMBER 18, 2009 the card will be processed again, with an additional \$30 processing fee. THERE ARE NO EXCEPTIONS. REGISTRATION FEES ARE NON-REFUNDABLE and NON-TRANSFERABLE.** Registrations can't be transferred from one person to another.
PLEASE DO NOT FAX OR MAIL DUPLICATE COPIES OF THE REGISTRATION FORM USING A CREDIT CARD. Each registration will be billed to your credit card.
- **WE DO NOT PROVIDE RECEIPTS.** Keep a copy of your registration form, confirmation letter or credit card bill and admission card to serve as proof of payment.

- **CONFIRMATION LETTER:** Once your registration has been processed, you will receive a confirmation letter. **READ and KEEP IT.** This lets you know that you are registered for the exam and verifies the spelling of your name, address, which exam you are taking and where. It will list dates and deadlines for changes, corrections, phone numbers to call and other important information. It is your responsibility to let us know if there are any errors. If your registration does not reach us by the late deadline, you will not be able to register for the exam.
- **CHANGES IN NAME/ADDRESS:** You must notify us if your name or address are incorrect on your letter or if you anticipate a change after you have registered. Write to ABO/NCLE, 6506 Loisdale Rd., #209, Springfield, VA 22150. Any changes will be done at no charge *if we receive the information by SEPTEMBER 25, 2009.* A \$20 fee (money order or credit card charge) must accompany a written request **if received between September 25 and September 29.** **After September 29, 2009 all changes must be made at the exam site.**
- **ADMISSION NOTICE:** About 10 days prior to the exam, you will receive an admission notice from the Professional Examination Service (PES), with the street address, time and what you need to bring to the exam. (NO CALCULATORS PERMITTED.)
- **NO LATECOMERS WILL BE ADMITTED** into the exam room, and your registration fee will not be transferred. Be at the site at the reporting time. If the site is open, it is the candidate's responsibility to be there *regardless of weather, road conditions, car trouble, unusual traffic, poor directions, etc.*
- **SPECIAL ARRANGEMENTS FOR DISABILITIES:** If you have a documented disability that prevents you from taking the exam under standard conditions, you **MUST** call 800/296-1379 for a special arrangements form. *A professional must provide documentation indicating diagnosis and special arrangements needed.* Submit the form, documentation and your registration together by the postmark deadline.
- **GENERAL TRANSFER POLICY:** Should you need to transfer your registration to the following administration after you have registered, ABO/NCLE must **RECEIVE** a written request and a \$50 transfer fee, for each exam, by **September 18.** Mail to ABO/NCLE, 6506 Loisdale Rd., #209, Springfield, VA 22150. There will be **NO** transfer if you do not appear to take the exam. Registration can not be transferred to another individual.
- **EMERGENCY TRANSFER POLICY AFTER SEPTEMBER 18:** If **YOU**, the candidate, have jury duty, a medical emergency or death in **YOUR** immediate family (**YOUR** spouse, parent, grandparent, sibling or child) that prevents you from taking the exam, you may transfer your registration to the next exam. ABO/NCLE **MUST** be notified **prior** to the exam; and all transfer fees (\$50 per exam)/documentation must be received December 15, 2009. Call 800/296-1379 or 703/719-5800 during business hours (Mon-Fri, 8:30-5 EST).
- **TESTING FOR RENEWAL** is permitted only in your final year of certification or your suspension year. Registrations attempted in the first or second year of your certification period will be returned less a \$20 processing fee.



NOVEMBER 15, 2009 EXAMINATION

REGISTRATION FORM

Print your name clearly and exactly as you would have it appear on your certificate.

PRINT YOUR LEGAL NAME NAME MUST MATCH YOUR ID																				
	PRINT LAST NAME										PRINT FIRST NAME & MIDDLE NAME OR M. INITIAL									
ADDRESS FOR YOUR ADMISSION CARD & EXAM RESULTS	ENTER COMPANY NAME _ IF USING BUSINESS ADDRESS																			
	NUMBER AND STREET																			
	CITY (NO ABBREVIATIONS)										STATE					ZIP				

Work Phone () Home Phone ()
 Fax Number () E-mail

SOCIAL SECURITY NUMBER THE LAST FOUR (4) DIGITS OF YOUR SOCIAL SECURITY NUMBER ARE IMPORTANT TO REGISTRATION.

Have you registered for the ABO or NCLE exams before? Yes No
 Are you currently ABO/NCLE certified? Yes No
 Has your name changed in the past 5 years? If yes, was: _____
 changed to: _____

TEST CENTER CODE City Code # and Name _____ State _____

Mark the box for the exam(s) you wish to take: **NO PERSONAL CHECKS. ONLY cashiers/company check, money order, American Express, Discover, MasterCard or VISA credit cards.**

ABO EXAM (spectacles) \$150 NCLE EXAM (contact lenses) \$150 BOTH EXAMS \$300
Postmarked after September 18 but received by September 25 include a LATE FEE of \$30 per exam:
 ABO Fee \$180 NCLE Fee \$180 Both Exams Fee \$360

Card #: _____ Expire Date: ___/___/___
 Cardholder's Name: _____
 Billing Address: _____ zip code _____
 Cardholder's Signature: _____

I understand all conditions and I authorize ABO/NCLE to charge my credit card account
 Any decline or error with your credit card account/number will void your registration unless you can provide correct information, and result in an additional \$30 fee, before the late registration deadline. Any registration postmarked after the regular deadline and prior to the late deadline, will be charged the late registration fee whether the box is marked.

Eligibility Requirement:
 ABO and NCLE require that all exam registrants be at least 18 years of age, and have earned a high school diploma or a GED. However, if your state licensing board minimum requirements are different, the state requirements supersede those of ABO/NCLE.

By signing and submitting this registration form, I accept the conditions set forth by ABO and NCLE concerning eligibility, deadlines, non-refundability of registration fees, transfers, administration of the exam, and the reporting of scores. I authorize investigation of all statements contained in this form. I understand that misrepresentation or omission of facts is cause for denial of testing, or withholding of scores.

YOUR signature is required. Signature: _____ Date: _____

**** DEADLINE FOR U.S. POSTMARK: SEPTEMBER 18, 2009 ****
 To fax with credit card information: (703) 719-9144 or
 Mail registration/fee to: ABO/NCLE, 6506 Loisdale Rd, #209, Springfield, VA 22150

EXAM FEES ARE NON-REFUNDABLE

Cut Here, Keep the Information Page and Mail Registration Form With Fee

ABO/NCLE TEST CENTER LIST — CODE NUMBER AND CITY**
 (Street address will be on your admission notice)

ALABAMA 102 Birmingham	IDAHO 227 Boise	MICHIGAN 325 Lansing	OREGON 475 Salem
ALASKA 104 Anchorage	ILLINOIS 234 Chicago	MINNESOTA 336 Minneapolis	PENNSYLVANIA 486 Harrisburg
ALASKA 104 Anchorage	INDIANA 246 Indianapolis	MISSISSIPPI 344 Hattiesburg	RHODE ISLAND 501 Providence
ARIZONA 129 Phoenix	IOWA 253 Des Moines	MISSOURI 358 St. Louis	SOUTH CAROLINA 503 Columbia
CALIFORNIA 146 L.A. Area 148 San Diego 149 Berkeley Area	KANSAS 268 Wichita	MONTANA 363 Helena	TENNESSEE 472 Nashville
COLORADO 153 Denver	KENTUCKY 274 Lexington	NEVADA 385 Las Vegas	TEXAS 534 Dallas 536 Houston
CONNECTICUT 163 Waterbury	LOUISIANA 282 Baton Rouge	NEW YORK 422 Buffalo 426 NYC Area	UTAH 549 Salt Lake City
FLORIDA 194 Miami 195 Tampa	MAINE 285 Augusta	NEW MEXICO 411 Albuquerque	VERMONT 556 Montpelier
GEORGIA 207 Macon	MARYLAND 302 Baltimore	NORTH CAROLINA 433 Durham	WASHINGTON 579 Seattle
HAWAII 213 Honolulu	MASSACHUSETTS 319 Worcester	OHIO 477 Columbus	WISCONSIN 594 Madison

ALL PASSING RESULTS WILL BE REPORTED TO THE LICENSING BOARD IN THE STATE WHERE THE EXAM IS TAKEN.

**Be aware that some cities may have several different sites to accommodate large numbers of candidates.

TRANSFER DEADLINES

General Transfers: September 18, 2009 \$50
 Emergency Transfers: December 15, 2009 \$50

If you do not receive a confirmation letter, call ABO/NCLE 800/296-1379 or 703/719-5800 Mon-Friday 8:30 am – 5 pm EST.

If you have not received your admission letter ONE WEEK prior to the exam date refer to your Handbook for instructions. It is your responsibility to contact us.

**Final Registration POSTMARK Deadline:
 SEPTEMBER 18, 2009**

**Final Date for ANY Changes/Corrections
 At NO CHARGE: SEPTEMBER 25, 2009
 SEPTEMBER 26 – SEPTEMBER 29 = \$20.00
 After SEPTEMBER 29 – NO CHANGES**

**Examination Date:
 SUNDAY, NOVEMBER 15, 2009**