Please provide the names of all current staff who are certified as paraoptometrics along with their certification level. If you have staff at more than one location, please complete a survey for each location.

How many paraoptometrics are employed at your office? _____

How many currently hold a valid CPC Certification? _____

Do you have additional employees who do not currently hold a CPC certification, but are registered for an upcoming examination? If so, please list them below and indicate when they are scheduled for a certified paraoptometric examination.

Name of Employee	Current Certification

Doctor(s) Name:		
Name of Practice:		
Address 1:	Address 2:	
City	State	Zip
Phone#	Fax#	Email