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## CERTIFIED PARAOPTOMETRIC EXAMINATION



### ATTESTATION STATEMENT – CURRENTLY EMPLOYED

Candidate's Legal Name: \_\_\_\_\_  
(as it appears on their Driver's License or other state or government-issued ID)

Candidate's Address: \_\_\_\_\_

As the employer of the candidate above, I acknowledge and attest that this candidate has a minimum of a high school diploma or equivalent AND a minimum of six (6) months full-time employment (40 hours per week or equivalent) in the eye care field by the time of testing.

**(THE SECTION BELOW IS TO BE COMPLETED AND SIGNED BY THE CURRENT EMPLOYER)**

Employer Name:	Employer Signature:
Title:	Phone:
Company:	Email
Address:	
Dates of candidate's employment: Start Date: (Required)	End Date:

### ATTESTATION STATEMENT – PREVIOUSLY EMPLOYED

Candidate's Legal Name: \_\_\_\_\_  
(as it appears on their Driver's License or other state-issued ID)

Candidate's Address: \_\_\_\_\_

As the candidate named above, I attest that I am not currently employed in eyecare, have a minimum of a high school diploma or equivalent AND a minimum of six (6) months previous full-time employment (40 hours per week or equivalent) in the eye care field by the time of testing.

**(THE SECTION BELOW IS TO BE COMPLETED BY THE CANDIDATE THAT IS NOT CURRENTLY EMPLOYED)**

Name of previous employer:	
Title:	Phone:
Company:	Email
Address:	
Dates of candidate's employment: Start Date: (Required)	End Date: