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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)

Supervisor/Manager Name:	Supervisor/Manager 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: