

# 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.

Name:	Signature:
Title:	Phone:
Company:	Email
Address:	
Dates of employment:	

## 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 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.

Name of previous employer:	
Title:	Phone:
Company:	Email
Address:	
Dates of employment:	

