

Commission on Paraoptometric Certification
243 N. Lindbergh Blvd., Fl 1
St. Louis MO 63141
Phone: (800) 365-2219
Email: CPC@aoa.org • Do not fax form.

Certified Paraoptometric Assistant 2017 CPOA REFERENCE FORM



Upon completion, **submit this form to the AOA-CPC office at least one month prior to the exam application deadline date.** Approval status will expire one year from approval date. **Do NOT submit this form with your examination application.** Approval must be received from the CPC **prior to** submitting the online examination application to Professional Testing Corporation.

Allow 4-6 weeks for processing. Results of the review will be e-mailed to the applicant.

APPLICANT

Last Name: _____ First Name: _____ MI: _____
Home Address: _____
Home City/State/Zip: _____
Birthdate: _____ Email Address: _____
Telephone: _____ Home Work Cell

Current Employer Name: _____
Employer Address: _____
Employer City/State/Zip: _____
Employed From (mo/yr): _____
Telephone: _____

Former Employer Name: _____
Employed From (mo/yr): _____ Employed To (mo/yr): _____
Telephone: _____

REFERENCE PERSON

The applicant is seeking to bypass the entry CPO level examination and attempt the intermediate Certified Paraoptometric Assistant (CPOA) examination. Applicants must meet academic and/or experience requirements (a minimum of three years) in accordance with CPOA examination domains, and pass examination. **The applicant's current resumé or CV must be attached.** Your evaluation of the applicant's qualifications provides very important information for the CPC in determining if the applicant meets the requirements.

Name: _____ Designation Held: _____
Title or Position: _____ Email Address: _____
Company or Practice Name: _____
Address: _____
City/State/Zip _____

BASIS FOR YOUR COMMENTS

Period during which you have personal knowledge of applicant's professional capabilities:

From (mo/yr): _____ To (mo/yr): _____ Are you a relative of this applicant: _____
Nature of your relationship with applicant: _____

