

APPLICATION FOR NEW SPEAKER APPROVAL

American Board of Opticianry _____ National Contact Lens Examiners _____
(Please check ABO or NCLE)

Name: _____ Date: _____

Company: _____

Position/Title: _____ S. S. # (last 4 digits): _____

Business Address: _____

_____ Phone: _____

City: _____ State: _____ Zip Code: _____

Please attach a resume or curriculum vita that includes:

- education
- work experience
- teaching and/or speaking experience
- specialized training
- certifications*

** (Technical course speakers must be currently ABO and/or NCLE certified or have credentials in optometry, medicine, nursing, or be ophthalmic/optometric certified allied health personnel. Advanced level course speakers must have ABO and/or NCLE – Advanced level certification, or other applicable advanced degree(s). Anyone who does not meet these requirements may request a special review)*

Requested Speaker Classification: Technical _____ General Knowledge _____

(Those seeking advanced level speaker certification must request a different application form.)

I agree that approved course content will be presented in a generic and objective manner. Specific brand names will be avoided in word, slide and study materials. Brand names will only be listed if other similar brand names available in the industry are also listed.

Signature of Applicant

Date

APPLICATION FEE OF \$50.00 REQUIRED WITH SUBMISSION OF THIS FORM*

Mail application to: ABO/NCLE
6506 Loisdale Road, Suite 209
Springfield, VA 22150

* Late fees may apply