Registration Form for the November 15-21 National Certification Exams

THE EXAMS
The ABO spectacle exam (National Opticianry Competency Exam) and the NCLE contact lens fitting exam (Contact Lens Registry Exam) will now be given via computer at over 250 exam sites nationwide and will be available during the week of November 15-21.

The multiple-choice exams are given only in English, via computer and each exam is 2 ½ hours long. You must be at least 18 years old, and a high school graduate or have earned a GED or the equivalent in order to take the exams. ABO/NCLE reserves the right to require that you produce proof of eligibility at any time.

THE REGISTRATION PROCESS
Exam registration is between the ABO and NCLE and the individual candidate. Registration fees, scores, etc. are matters handled ONLY between ABO/NCLE and the candidate regardless of how registration payment is made or by whom.

EVERY CANDIDATE IS RESPONSIBLE FOR READING AND KNOWING THE FOLLOWING INFORMATION. ADDITIONAL INFORMATION WILL BE PROVIDED UPON REGISTRATION.

- REGISTRATIONS POSTMARKED OR FAXED AFTER OCTOBER 1, 2012 (U.S. Postal Service postmarks only) must include a $50 per exam late fee and must be RECEIVED BY ABO/NCLE BY OCTOBER 7, 2012. If it is not received by October 7 you will not be permitted to register. Register early to avoid problems. ABO/NCLE are not responsible for delivery problems by the U.S. Postal Service or difficulties with faxing.

- PROVIDING YOUR E-MAIL ADDRESS IS MANDATORY. FOLLOW DIRECTIONS for completing the registration. It is your responsibility to provide correct information. PRINT NEATLY AND ACCURATELY. This information is used to enter your data into the computer. Communication to set up your testing date/time and to get your score with the testing company will be only through e-mail.

- PAYMENT. NO PERSONAL CHECKS or CASH. Payment should be made to ABO/NCLE in U.S. funds; cashiers/certified/company check, money order or a credit card (American Express, Discover, MasterCard or Visa ONLY). Credit cards that are declined for any reason will void your registration. If correct information can be provided before Oct. 7, 2012 the card will be processed again, with an additional $30 processing fee. THERE ARE NO EXCEPTIONS. REGISTRATION FEES ARE NON-REFUNDABLE and NON-TRANSFERABLE. Registrations can't be transferred from one person to another. PLEASE DO NOT FAX OR MAIL DUPLICATE COPIES OF THE REGISTRATION FORM USING A CREDIT CARD. Each attempt to register will be billed to your credit card.
CONFIRMATION LETTER – Once your registration has been processed, you will receive a confirmation letter. READ and KEEP IT. This lets you know that you are registered for the exam and verifies the spelling of your name, address, e-mail address and which exam you are taking. It will list dates and deadlines for changes, corrections, phone numbers to call and other important information. It is your responsibility to let us know if there are any errors. If you do not receive your confirmation letter within three weeks of registration, call ABO-NCLE at 800 296-1379. Any changes will be done at no charge if we receive the information by Oct. 7. A $20 fee (money order or credit card charge) must accompany a written request if received between Oct. 7 and Oct. 15.

YOUR NAME AND ID MUST BE AN EXACT MATCH, and that must be the same name you give us on the registration form. If this information doesn’t match what is on the roster we provide to the testing company, you will not be permitted to test and you not be refunded your registration fee.

SPECIAL ARRANGEMENTS FOR DISABILITIES - If you have a documented disability that prevents you from taking the exam under standard conditions, you MUST call 800/296-1379 for a special arrangements form. A health-care professional must provide documentation indicating diagnosis and special arrangements needed. Submit the form, documentation and your registration together by the postmark deadline.

SCHEDULING YOUR EXAM – Starting in October you will be invited by an e-mail from ACT, our testing service, to schedule your exam. Schedule as soon as you can, as seating at the sites is first come, first served. You will also get information about the process and deadline for cancelling the exam. IF YOU NEED TO CANCEL YOUR EXAM, YOU MUST CONTACT ACT NO LATER THAN TWO DAYS PRIOR TO YOUR SCHEDULED EXAM. YOU MUST THEN CONTACT ABO-NCLE TO ARRANGE THE TRANSFER OF YOUR EXAM FEE.

TESTING FOR RENEWAL IS PERMITTED ONLY IN YOUR FINAL YEAR OF CERTIFICATION OR YOUR SUSPENSION YEAR.
REGISTRATION FORM

Print your name clearly and exactly as it is on your ID.

PRINT YOUR LEGAL NAME
NAME MUST MATCH YOUR ID

PRINT LAST NAME
PRINT FIRST NAME & MIDDLE NAME OR M. INITIAL

ADDRESS FOR YOUR ADMISSION CARD & EXAM RESULTS

ENTER COMPANY NAME — IF USING BUSINESS ADDRESS

PRINT CLEARLY

NUMBER AND STREET

CITY (NO ABBREVIATIONS) STATE ZIP

Work Phone ( ) Home Phone or Cell Phone ( )

E-MAIL ADDRESS IS MANDATORY

SOCIAL SECURITY NUMBER

THE LAST FOUR (4) DIGITS OF YOUR SOCIAL SECURITY NUMBER ARE IMPORTANT TO REGISTRATION.

Have you registered for the ABO or NCLE exams before? Has your name changed in the past 5 years?

Yes [ ] No [ ]

If yes, was: __________________________________________

Are you currently ABO/NCLE certified? Changed to: _________________________________

Yes [ ] No [ ]

Your ID # ____________________ Your Date of Birth

TEST CENTER CODE
(See reverse side for choices)

Mark the box for the exam(s) you wish to take: NO PERSONAL CHECKS or CASH. ONLY cashiers/company check, money order, American Express, Discover, MasterCard or VISA credit cards.

[ ] ABO EXAM (spectacles) $225 [ ] NCLE EXAM (contact lenses) $225 [ ] BOTH EXAMS $450

Postmarked after October 1 but received by October 7 include a LATE FEE of $50 per exam:

[ ] ABO Fee $275 [ ] NCLE Fee $275 [ ] Both Exams Fee $550

Card #: __________________________________________ Expire Date: __/__/__ CID# ____________

Cardholder's Name: _______________________________________________________________________

Billing Address: _________________________________________________________________________

zip code ____________

Cardholder's Signature: _______________________________________________________________________

I understand all conditions and I authorize ABO/NCLE to charge my credit card account

Any decline or error with your credit card account number will void your registration unless you can provide correct information, and result in an additional $30 fee, before the late registration deadline. Any registration postmarked after the regular deadline and prior to the late deadline, will be charged the late registration fee whether the box is marked.

Eligibility Requirement:

ABO and NCLE require that all exam registrants be at least 18 years of age, and have earned a high school diploma or a GED. However, if your state licensing board minimum requirements are different, the state requirements supersede those of ABO/NCLE.

By signing and submitting this registration form, I accept the conditions set forth by ABO and NCLE concerning eligibility, deadlines, non-refundability of registration fees, transfers, administration of the exam, and the reporting of scores. I authorize investigation of all statements contained in this form. I understand that misrepresentation or omission of facts is cause for denial of testing, or withholding of scores.

YOUR signature is required.

Signature: _____________________________________________________________________________

Date: ____________________________________________________________________________

** DEADLINE FOR U.S. POSTMARK: October 1, 2012 **

To fax with credit card information: (703) 719-9144 or
Mail registration & fee to: ABO/NCLE, PO Box 79228, Baltimore, MD 21279-0228

EXAM FEES ARE NON-REFUNDABLE