

# ARIZONA BASIC AND PRACTICAL EXAMINATION APPLICATION NATIONAL COMMISSION OF STATE OPTICIANRY REGULATORY BOARDS

Please type or print clearly.

## EXAMINATION TYPE

Please check the examination for which you are applying:

### Basic Examinations

- Basic Spectacles Multiple Choice Examination
- Basic Contact Lens Multiple Choice Examination

### Practical Examination

- Spectacles and Contact Lens Practical Examination

**CANDIDATE ID NUMBER (Retest Candidates):** \_\_\_\_\_

## APPLICANT INFORMATION

**IMPORTANT:** The name on your two forms of identification that will be presented at the testing center when you take the examination MUST match exactly to the name provided below.

Salutation	First Name	MI	Last Name	Suffix
Birthdate (REQUIRED)				
Company/Organization				
Preferred Mailing Address			City/State/Zip	
Primary Telephone (Include Area Code)			Email Address (REQUIRED)	

**NOTE:** Notify the National Commission of State Opticianry Regulatory Boards (NCSORB) of any name or address changes. Official examination correspondence will be EMAILED to you.

## PAYMENT

Indicate method of payment (please refer to the fee schedule for amount):

- Check/Money Order (drawn on a U.S. Bank, in U.S. dollars, payable to **NCSORB**)
- VISA
- MasterCard
- Discover
- American Express
- \$50.00 Rush Processing Fee (1-2 weeks.) Normal processing time 2-4 weeks.

*If payment is by credit card, please provide the following information:*

Card Number	Security Code	Expiration Date (month/year)
Payer's Name (please print)	Authorized Signature	
Payer's Billing Address	Payer's Zip Code	

## EXAMINATION FEES

- \$150 Basic Spectacles Multiple Choice Examination
- \$150 Basic Contact Lens Multiple Choice Examination
- \$100 Spectacles and Contact Lens Practical Examination
- \$150 Retest Fee Basic Spectacles Multiple Choice Examination
- \$150 Retest Fee Basic Contact Lens Multiple Choice Examination
- \$100 Retest Fee Spectacles and Contact Lens Practical Examination

## PROFESSIONAL EXPERIENCE

Starting with the most recent experience, list below all work experience. Attach additional sheets if necessary.

Name of Employer	Address, City, State, and Zip Code	Dates of Experience	Duties Performed

## EXAM INFORMATION FOR THE PRACTICAL EXAMINATION

NCSORB Basic Spectacle and Contact Lens Certification Date: \_\_\_\_\_ No: \_\_\_\_\_ State: \_\_\_\_\_

ABO Certified:  Yes  No Date: \_\_\_\_\_ No: \_\_\_\_\_ State: \_\_\_\_\_

NCLE:  Yes  No Date: \_\_\_\_\_ No: \_\_\_\_\_ State: \_\_\_\_\_

I comply with the criteria that corresponds to the selections made above and have attached copies of the required documentation:

X \_\_\_\_\_

## EDUCATION

Applicant must be a graduate of an accredited high school, completed the equivalent of grammar school and a four-year high school course, or holds a certificate of general educational development (GED).

High School Name, City and State: \_\_\_\_\_

Received:  Diploma  GED Date Completed: \_\_\_\_\_

Name & Address of Opticianry School (if any) \_\_\_\_\_ Date Completed: \_\_\_\_\_

## ELIGIBILITY DATA FOR THE PRACTICAL EXAMINATION

Indicate the method by which you qualify for the National Optician's Practical Examination:

- Associate Degree in Opticianry
- Practiced over five years in an unlicensed state, territory, or jurisdiction of the United States.
- A three-year apprenticeship with a minimum of one school year of related instruction or home study while registered in the apprenticeship program.
- Completion of the Career Progression Program (OCPP) Date Completed: \_\_\_\_\_
- Previous military training\*

## APPLICANT LICENSURE STATUS

Do you have any applications for licensure, certification, or registration in Opticianry currently pending in any state, U.S. territory, or foreign country?

Yes  No

## AGREEMENT OF LICENSURE AND CERTIFICATION

As an applicant for licensure/certification, I agree to the following:

1. I shall perform to the best of my ability those opticianry services specifically delegated to me.
2. I authorize the National Commission of State Opticianry Regulatory Boards (NCSORB) to communicate any violation of its rules or standards by me, my status of application or licensure/certification, and any matter involving me to state and federal authorities, employers, training programs, and others.
3. I agree not to make and to correct immediately any statements concerning my licensure/certification status which are or which become untrue or misleading. I agree to provide NCSORB confirmation as requested by NCSORB.
4. I release NCSORB, its officers, directors, agents, employers, committee members, and others for disciplinary action taken in good faith pursuant to the rules, standards, procedures, and sanctions of NCSORB.
5. I authorize NCSORB in its discretion to request information concerning matters relevant to this application and my licensure/certification and review of licensure/certification.
6. I have received and read the rules, standards, procedures and sanctions of NCSORB. I comply with and agree to be bound by them.

## APPLICANT HISTORY – PROFESSIONAL

1. Have you ever been denied licensure, certification, or registration for Opticianry or any health-related profession or the renewal thereof in any state?  Yes  No
2. Have you ever been denied the right to take an Opticianry licensure examination?  Yes  No
3. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?  Yes  No
4. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?  Yes  No
5. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency.  Yes  No
6. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including:
  - A. Acts of dishonesty, fraud or deceit  Yes  No
  - B. Lying on a resume or misrepresentation  Yes  No
  - C. Academic misconduct, including acts such as cheating or plagiarism  Yes  No
  - D. Theft  Yes  No
  - E. Sexual harassment  Yes  No
7. Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to any crime in any jurisdiction, other than minor traffic offenses? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.  
*If you answer "YES," to any of the above questions, you must explain in detail on a separate sheet. In your explanation, include dates, jurisdictions, offenses, specific circumstances, and dispositions. You must include a certified copy of the court records/dispositions.*
8. In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past 5 years.  Yes  No
9. In the last 5 years, have you been admitted to or referred to a hospital, facility or impaired practitioners program for treatment of a diagnosed mental disorder or impairment?  Yes  No
10. During the last 5 years, have you been treated for a or had a recurrence for a diagnosed mental disorder that has impaired your ability to practice as an Optician within the last 5 years.  Yes  No
11. During the last 5 years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice as an Optician?  Yes  No
12. In the last 5 years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last 5 years?  Yes  No
13. During the last 5 years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice as an Optician.  Yes  No

*If you answered "YES" to any question in the Applicant History - General section, you must provide complete written details with this application. A "YES" answer does not mean the application will be denied; however, failure to provide correct information may result in denial.*

### Americans with Disabilities Act

Do you have a condition that requires special accommodations for testing? (Per ADA regulations, your condition must be diagnosed by a licensed professional.) You are required to submit need for special accommodations with this registration form.

### Military Training and Education

The National Commission of State Opticianry Regulatory Boards shall accept the military training, education, or experience of a service member honorably discharged from active military service in the armed forces of the United States, to the extent that such training, education, or experience is substantially equivalent to the requirements established by law and regulations of the respective board for the issuance of any license, permit, certificate, or other document, however styled or denominated, required for the practice of Opticianry. To the extent that the service member's military service training, education, or experience, or portion thereof, is not deemed substantially equivalent, the respective board shall credit whatever portion of the military training, education, or experience that is substantially equivalent toward meeting the requirements for the issuance of the license, permit, certificate, or other document.

## EXAMINATION CONFIDENTIALITY

NCSORB examinations are confidential and proprietary. The examination(s) are available to you the examinee, solely for the purpose of assessing your proficiency level in the content areas referenced in the examination(s) for which you are eligible. You are expressly prohibited from disclosing, publishing, reproducing, or transmitting the examination(s) in any manner, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose. By signing this application you agree to the above disclosure statement. If you do not agree to the disclosure statement and do not sign the application will be not be eligible to take any NCSORB examinations.

I affirm that all statements made in the above application are true. (Sign and date below).

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**Applicant's Signature**

**Date**

### Submit completed applications with appropriate payment to:

National Commission of State Opticianry Regulatory Boards (NCSORB®)  
2025 Woodlane Drive, St. Paul, MN 55125  
Phone (855) 208-9349 Fax (651) 731-0410 ncsorb@jcahpo.org