

# NEW JERSEY BASIC DISPENSING OPTICIAN EXAMINATION APPLICATION

Please type or print clearly.

## EXAMINATION TYPE

Please check the examination for which you are applying:

### Basic Examinations

- Basic Spectacles Multiple Choice Examination
- Advanced Spectacles Multiple Choice Examination
- Basic Contact Lens Multiple Choice 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 Advanced Spectacles Multiple Choice Examination
- \$150 Basic Contact Lens Multiple Choice Examination
- \$150 Retest Fee Basic Spectacles Multiple Choice Examination
- \$150 Retest Fee Basic Contact Lens Multiple Choice Examination
- \$150 Retest Fee Advanced Spectacles Multiple Choice Examination

## 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**

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**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

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