

OFFSITE 'MAKEUP' EXAM

Application deadline for the 2009 Fall exam in San Francisco, CA is Friday, July 31, 2009.

The Recertification and/or Written Examination(s) can be taken at another location other than the scheduled examination. NEBO must be contacted before the examination or within 1 (one) week of the scheduled Fall exam and the Offsite MAKEUP exams must be administered within 60 days following the Fall scheduled exam. Permission is granted on an individual and as needed basis.

This exam is considered a totally separate administration of the examination and therefore is more costly to the examinee.

APPLICATION FOR OFFSITE MAKEUP EXAMINATION

The NEBO Certification Examination for Ocularists will be administered and processed by CASTLE Worldwide, Inc. of Raleigh, NC. The location and proctor for the examination will be arranged by CASTLE at a location and date to be determined by CASTLE and the examinee.

NAME: _____ IDENTIFICATION # : _____

ADDRESS: _____ SOCIAL SECURITY #: _____

CITY/STATE/ZIP: _____

TELEPHONE #:(_____) _____ FAX _____

EMAIL ADDRESS _____

I hereby apply for retesting in the following examination(s).

Certification Examination

Written _____ \$400.00

Recertification Process I _____ \$450.00

Retake Test Administration Cost - providing test center personnel, site administrator or proctor, test site, testing materials, shipping, reports etc. by CASTLE

Exam given In Canada ADD \$300.00

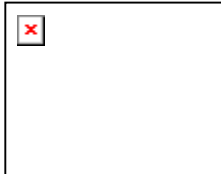
	USA	Canada
SITE FEE	\$1300.00	\$1600.00
WRITTEN	+ 400.00	+ 400.00
RECERTIFICATION	or 450.00	or 450.00
TOTAL	= _____	= _____
Amount due either	\$1700. or \$1750.	\$2000. or \$2050.

I enclose 2 (two) photographs and a check/CC in the total of \$ _____ (payable to NEBO)

Email 1 (one) Digital Photograph to nebo@neboboard.org with "picture" in subject line

Application and payment should be mailed to:
David M. Bulgarelli, Executive Director
National Examining Board of Ocularists, Inc.
625 First Avenue, Suite 220
Coralville, IA 52241-2101
(319) 339-1125

2009APPCoffsitemakeup2part



**Pay by Check to NEBO or
Credit Card (MC or VISA)**

Card Type _____ MC/Visa **US \$** _____

Card Number: _____

Name on Card: _____

Expiration Date: _____

Security Number on back: _____

Signature: _____

Credit Card use is our preference