NATIONAL BOARD OF EXAMINERS IN OPTOMETRY

2010 SPECIAL TEST SITE REQUEST

Request must be submitted by the Academic Institution no later than 2 weeks prior to examination registration deadline.

Print out request, complete, sign and date. Requests are only accepted from accredited optometry institutions for STUDENTS on external clinical rotations during the time of the exam. Fax: (704) 332-9568

CANDIDATE INFORMATION

Candidate's OE Tracker #:

Last Name: First Name & Initial:

Street Address: City: State:

Zip: Phone #: Email Address:

ROTATION INFORMATION

City: State/Country: Zip: Phone #:

Date Starting Rotation: Date Ending Rotation:

Supervisor's Name: Email:

Phone #:

Rotation address/telephone is for (check one): Work ☐ Residence ☐

Rotation email if for (check one): Work ☐ Residence ☐

If you are requesting a site other than the city in which you will be on rotation, please list the city and explanation:

Requested Location of Special Test Site (City, ST/Country):

Name of closest post-secondary educational institution:

Explanation:

EXAMINATION INFORMATION

	Part I-ABS	Part II-PAM
Exam Requested (check):	**March** ☐	**December** ☐

FEE(S) ($300 per exam requested)

FEE must be paid on-line with exam registration by selecting Special Site as your test center. Fee and Special Test Site Request form must be received at least 2 weeks prior to examination registration deadline*, although it is in the best interest of the candidate to submit both the Special Test Site Request form and fees at the earliest opportunity to increase the likelihood of a test center being established.*

INSTITUTION INFORMATION

Name of Requesting Institution:

Signature of Institution's President/Dean/College Liaison certifying rotation/request:

Signature

Print Name Position Date