



NATIONAL BOARD OF EXAMINERS IN OPTOMETRY

MARCH PART I-ABS 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:

FEE(S) (\$450 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