Application for

Certified Paraoptometric Examinations (2008)
CPO - CPOA - CPOT

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6

Candidate Information

Print your LAST NAME, skip a space then FIRST NAME, skip a space then MIDDLE INITIAL

Home Address

Number and Street

Apartment Number

City

State/Province

Zip/Postal Code

Work Address

Company name

Number and Street

Suite/Room/Floor

City

State/Province

Zip/Postal Code

Work Phone - -

Home Phone - -

Email Address

Preferred Address ○ Home ○ Work

Testing Center Number (See Handbook) - leave blank if unknown

City: _____ State: _____ **EXAMINATION DATE:** _____

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. FOR WHICH EXAMINATION ARE YOU APPLYING?

- ○ Certified Paraptometric (CPO)
- ○ Certified Paraoptometric Assistant (CPOA)
- ○ Certified Paraoptometric Technician (CPOT) Part One WRITTEN
- ○ Certified Paraoptometric Technician (CPOT) Part Two PRACTICAL

B. ELIGIBILITY CATEGORY:

Certified Paraoptometric (CPO)

- ○ High School Graduate or equivalent with six months experience

Certified Paraoptometric Assistant (CPOA)

- ○ CPO Certified
- ○ Graduate or student of an AOA approved Assistant program (specify below)
- ○ Experience (documentation required)

Certified Paraoptometric Technician(CPOT)

- ○ CPOA Certified (attach copy of certitficate)
- ○ Graduate or student of an ACOE approved technician program (specify below)

Attach copy of assistant/technician program certificate/diploma.

School Name: _____

City/State: _____

Month/Year Completed: _____

School Code: *(See Handbook.)*

C. EXPERIENCE AS A PARAOPTOMETRIC:

- ○ Less than 1 year
- ○ 1 year
- ○ 2 years
- ○ 3 years
- ○ More than 3 years

D. HIGHEST ACADEMIC LEVEL ATTAINED:

- ○ High School Diploma or Equivalency
- ○ Assistant Diploma
- ○ Technician Diploma
- ○ Associate Degree
- ○ Bachelor's Degree
- ○ Post Graduate Study

E. PRIMARY PLACE OF EMPLOYMENT:

(Darken only one response.)

- ○ Private Practice
- ○ Community Health Agency
- ○ Academic
- ○ HMO/Clinical Practice
- ○ M.D.'s Office
- ○ Retail Store
- ○ Industry/Ophthalmic Laboratory
- ○ Student
- ○ Military branch of service: _____
- ○ Other

F. HOURS PER WEEK IN VISION CARE:

- ○ Under 20
- ○ 21 - 30
- ○ 31 - 40
- ○ More than 40

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Eligibility and Background Information

G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

○ No ○ Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

H. HAVE YOU SUCCESSFULLY PASSED THE CPOT WRITTEN EXAMINATION?

○ No ○ Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

I. HAVE YOU SUCCESSFULLY PASSED THE CPOT PRACTICAL EXAMINATION?

○ No ○ Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

OPTIONAL INFORMATION: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Gender:
○ Male
○ Female

Race:
○ African Amer. ○ Native Amer.
○ Asian ○ White
○ Hispanic ○ No Response

Age Range:
○ Under 25 ○ 40 to 49
○ 25 to 29 ○ 50 to 59
○ 30 to 39 ○ 60+

Candidate Signature

I have read the Handbook for Candidates (available from the AOA web site, www.aoa.org, in a downloadable PDF format) and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. I acknowledge that AOA is not responsible for applications that are misdirected to State Associations nor applications incorrectly addressed.

CANDIDATE SIGNATURE: _____ ***DATE:*** _____

****NOTE**** Test results will be mailed 4 to 6 weeks after the exam. ***Results are not available by phone, e-mail, or fax.*** You will be notified by mail at the address you indicated on this application.

Fees (2008)

Certified Paraoptometric (CPO) - $225.00

Certified Paraoptometric Assistant (CPOA) - $225.00
___ Student (see handbook for criteria) - **$100.00**

Certified Paraoptometric Technician (CPOT) Part One WRITTEN - $225.00
___ Student (see handbook for criteria) - **$100.00**

Certified Paraoptometric Technician (CPOT) Part Two PRACTICAL - $225.00

Special Testing Center Fee (see handbook): ___ **$125.00**

Rescheduling Fee (see handbook): ___ **$100.00**

CHECK PAYMENT

If you are paying by check, please provide the following information:

CHECK NUMBER: _____

DATE: _____

AMOUNT: _____

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information:

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: $ _____

Expiration date (month/year): |___|___|/|___|___|

Card type: ○ Visa ○ MasterCard ○ American Express

Card Number: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: _____

Office Use

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

RETURN ORIGINAL APPLICATION WITH FULL PAYMENT BY DEADLINE DATE TO:

AOA-CPC
243 N. Lindbergh Blvd.
St. Louis, MO 63141

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