

Registered Optician Application for the State of Nebraska

Name: _____ Date of Birth: ___/___/___

Previous Name: (If applicable) _____

Address: _____ City: _____

State: ___ Zip: _____ Home: (___) _____ Business: (___) _____ ext

Cell Number: (___) _____ Email: _____

Nebraska Society of Dispensing Opticians Member: Y _____ N _____

Employer Name: _____

Employer Address: _____ City: _____

State: ___ Zip: _____ Years Employed: _____

Requirements:

_____ 2 Year Associates Degree in Optical Science or equivalent
and ABOC or NCLE until 2012

_____ 4 Year Degree in any Subject and ABOC or NCLE until 2012

_____ 5 Years experience and ABOC or NCLE until 2012

_____ ABOM, ABO-AC or FCLSA

Attachments Must be included with Application:

School Transcripts/Copy of Diploma/ or Copy of ABO/NCLE Certification.

Declaration:

I declare that the information provided in the foregoing application is complete and true in all respects and I make this solemn declaration believing it to be true and that it is of the same force and effect as if made under oath.

Signature

Date

First Time Application Fee of \$50.00 required

Renewal Fee of \$25.00 with proof of on going ABO/NCLE certification
every three years

PLEASE FORWARD DOCUMENTATION WITH APPLICATION FEE OF \$ 50.00/ Renewal

Fee to:

NSDO

Chris Tirro Treasurer

829 S 183 St

Elkhorn, NE 68022

