



**American Board of Opticianry
National Contact Lens Examiners**
6506 Loisdale Road, Suite 330, Springfield, VA 22150
703-719-5800



MASTER of CONTACT LENS TECHNOLOGY DESIGNATION APPLICATION

Applicants must complete this form in its entirety. Please type or print legibly.

Name: _____ Title: _____

Address: _____

Phone: _____ ABO-NCLE Certificat ID# _____

Email: _____

The Master of Contact Lens Technology designation demonstrates to the public and colleagues that an individual has attained a superior level in Contact Lens Technology. Any Certified Contact Lens Technician who is currently Advanced Certified by the National Contact Lens Examiners for at least one complete three-year renewal cycle, and satisfies one of the following additional qualifications is eligible to apply for this designation. ***Please check the appropriate qualification(s).***

- I have written **two** published NCLE-approved Advanced Level III articles
Or
 I am an NCLE-approved Speaker with **two** NCLE-approved Advanced Level III Courses
Or
 I have **one** published NCLE-approved Advanced Level III article **AND one** NCLE-approved Advanced Level III Course for which I am the NCLE-approved Speaker.

Candidates are required to submit proof of their qualifications (i.e., copy of NCLE-approved published Level III articles (from the actual publication), Advanced Level III course information and speaker approval as appropriate) along with the completed application.

The NCLE Masters Committee will review the application and confirm the candidate's qualifying criteria. Upon approval by this Committee, the title of NCLE Master (NCLEM) is

conferred and your certificate will be prepared and mailed.

In order to maintain your NCLEM status, you will be required to continue to maintain your NCLE Advanced Certification.

By signing below, I certify that the above information is accurate and correct to the best of my knowledge, that I have attached the required proof of qualification along with this application, and have provided payment in the amount of \$150 (US).

Print Name

Signature

The fee to apply for the **MASTER of CONTACT LENS TECHNOLOGY DESIGNATION** is \$150 (US).

Please specify form of payment:

_____ Check (made payable to ABO-NCLE)

or

_____ American Express _____ Discover _____ Master Card _____ Visa

Credit Card #: _____ Expiration Date: _____

Name on Card: _____

Three or four digit CID code on front (AMEX) or back of the credit card: _____

I authorize ABO-NCLE to charge \$150 to my credit card.

Signature: _____

Date: _____

Billing Address: _____

Daytime Phone: _____

Evening Phone: _____