



Dispensing Optician Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

ABO-NCLE Examination Report Request Form for Washington State

Use this form to request that the ABO-NCLE submit your examination results to the Washington State Department of Health.

Applicant/Candidate Name _____

ABO Number _____

Examination date(s) _____

I, the above named person, represent that I have successfully completed, on or after June 1, 2015, the ABO National Opticianry Certification Examination (NOCE), the American Board of Opticianry Practical Examination (ABOP), the NCLE Contact Lens Registry Examination (CLRE), and the National Contact Lens Examiners Practical Examination (NCLP). Accordingly, please forward the appropriate notification to the Washington State Department of Health.

Applicant Signature

Please email this completed form to:

exams@abo-ncle.org

Attn: Director of Examinations

American Board of Opticianry and National Contact Lens Examiners