

OFFSITE EXAM RETAKE APPLICATION

The Certification Examination can be retaken 6 months after the scheduled annual examination. NEBO will provide a “retake” test administration date in order to accommodate candidates who did not pass the BCO examination at the scheduled annual examination. NEBO must receive notification of the need for retake administration dates and site no later than ninety (90) days prior to the desired retake date. **This exam application can be filed with NEBO three (3) months after the scheduled exam. CASTLE considers this examination a totally separate administration of the examination and therefore is more costly to the examinee.**

The NEBO Certification Examination for Ocularists will be administered and processed by CASTLE Worldwide, Inc. of Raleigh, NC. The location and proctor for the examination will be arranged by CASTLE at a location and date to be determined by CASTLE and the examinee.

NAME: _____ IDENTIFICATION # : _____

ADDRESS: _____ SOCIAL SECURITY #: _____

CITY/STATE/ZIP: _____

TELEPHONE #:(_____) _____ FAX _____

EMAIL ADDRESS _____ CELL PHONE: _____

I hereby apply for retesting in the following examination(s).

Certification Examination \$500.00 Recertification Process I \$450.00

Retake Test Administration Cost - providing test center personnel, site administrator or proctor, test site, testing materials, shipping, reports etc. by CASTLE.

		USA		Canada
SITE FEE		\$1300.00		\$1600.00
WRITTEN	+	500.00	+	500.00
RECERTIFICATION	or	450.00	or	450.00
TOTAL	=		=	
Amount due either		\$1800. or \$1750.		\$2100. or \$2050.
Mail check in the total of \$		_____		payable to NEBO.

Email a copy/scan of government issued photo ID to nebo@neboboard.org with “picture” in subject line

If using credit card (Preferred)

Application can be faxed to 319-337-5445

-OR-

Application and payment should be mailed to:

Dan Yeager, Executive Director

National Examining Board of Ocularists

2050 Keokuk St., NEBO Suite

Iowa City, Iowa 52240

(319) 339-1125

**Pay by Check to NEBO or
Credit Card (MC or VISA)**

Card Type, ie, MC/Visa _____ **US \$** _____

Card Number: _____

Name on Card: _____

Expiration Date: _____

Security Number on back: _____

Signature: _____

Credit Card is preferred