



ROATx/ NAIT Optical Sciences - Application Form

Surname _____ Given Name(s) _____

Previous Name *if applicable* _____ Date of Birth: _____ (month /day/ year)

Address _____ City _____ State ____ Zip Code _____

Home Phone Number (_____) _____ Business Phone Number(_____) _____

Cell Phone Number (_____) _____ E-mail Address _____

ROATx member: Yes No (if No, please contact ROATx; contact information below)
 Male Female

ATTACHMENTS (MUST be included with application):

High School Transcripts or ABO/ NCLE certification

Please note Name of Employer _____

- Eyeglasses** Year One
Eyeglasses Practicum - Level 1
Eyeglasses Practicum - Level 2
- Eyeglasses** Year Two
Eyeglasses Practicum - Level 3
Eyeglasses Practicum - Level 4

- Advanced Practice** Year One
Advanced Practice Practicum – Level 1
Advanced Practice Practicum – Level 2
- Advanced Practice** Year Two– **Contact Lenses**
Advanced Practice Practicum – Level 3
Advanced Practice Practicum – Level 4

DECLARATION:

I hereby 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 knowing that it is of the same force and effects as if made under oath.

Declarant's (Student) Signature

Date

Witness Signature

Witness Name (printed)

PLEASE FORWARD DOCUMENTATION TO:

ROATx
c/o: David Forrest Ph: 713-477-4900
714 East Southmore Ave
Pasadena, Tx
77502 E-Mail: info@roatx.org

PAYMENT MUST ACCOMPANY APPLICATION:

- Cheque payable to NAIT attached OR
- Credit Card _____ exp _____ (Visa/ Mastercard/ American Express)
Amount charged \$ _____ Name on Credit Card _____
Authorized signature _____