NATIONAL EXAMINING BOARD OF OCULARISTS, INC.
Fabrication Exam
Information and Verification Form
Completed form should be copied for both parties’ receipt. Scan/send photo of completed form to nebo@neboboard.org.

Examinee Name: ____________________________ Temp ID #: __________________

Address: __________________________________________________________________________

Examination Location: __________________________________________________________________________

Shape Numbers (Kit Samples) Conventional #: _______________ Clear Scleral Shell #: _______________

Examination Begins (Date): ________________ Examination Completion (Date): ________________

Duplication/Examination Kit received by Proctor (Date): ________________

Examination Kit shipped by Proctor (Date): ________________

Process Monitored by Proctor

<table>
<thead>
<tr>
<th>Process</th>
<th>Date (mm/dd/yy)</th>
<th>Time (hr:min am/pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iris Painting of Scleral Shell</td>
<td></td>
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<tr>
<td>Vascularization/ Tinting of Scleral Shell</td>
<td></td>
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<tr>
<td>Finishing/Polishing of Scleral Shell</td>
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<tr>
<td>Proctor Mark</td>
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</tbody>
</table>

I have witnessed the above processes that have been performed solely by the examinee at the above location and the above dates and times.

I hereby acknowledge receipt of:
- 1 Conventional Prosthesis (examinee duplication)
- 1 Scleral Shell Prosthesis (examinee duplication)
- 1 Examinee Kit containing 1 conventional sample and 1 clear scleral shell.

Signature of Proctor __________________________________________________________________________ Date: __________________

I understand that this Fabrication Examination is to have been performed solely by me without assistance or counsel and that the use of assistance or counsel would constitute sufficient reason for the National Examining Board of Ocularists to invalidate my score, terminate my participation in the examination or take other appropriate action.
I hereby state that all work in the Fabrication Examination has been performed by me without assistance or counsel.

Signature of Examinee __________________________________________________________________________ Date: __________________