



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

	Date (mm/dd/yy)	Time (hr:min am/pm)
Iris Painting of Scleral Shell		
Vascularization/ Tinting of Scleral Shell		
Finishing/Polishing of Scleral Shell		
Proctor Mark		

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: _____