

**COLLEGE OF SOUTHERN NEVADA
OPHTHALMIC DISPENSING PROGRAM**

Name of applicant (please print) _____

RE: Ophthalmic Experience Documentation (2 PAGES)

Once this form has been completed, the applicant must submit it with the completion packet to:
Limited Entry Office, Room K216
College of Southern Nevada
6375 West Charleston Boulevard
Las Vegas, Nevada 89146

I am applying for admission into the Ophthalmic Dispensing Program at the College of Southern Nevada in Las Vegas, Nevada.

I give my permission to release the requested information to the CSN Ophthalmic Dispensing Program. I realize that this document will be kept confidential from me and from the public.
Thank you,

Applicant Signature Date

(SEE REVERSE)

College of Southern Nevada is an Equal Opportunity Institution

Ophthalmic Experience

Employer Name: _____

Address: _____

Phone: _____

Name of person completing form (please print) _____

Title: _____

Provide a brief description of the agency: (e.g. Optical establishment, lab, Optometrist's office, etc.)

Provide a brief description of the work responsibilities of the applicant:

Applicant employed from _____ to _____

Full-time _____ OR Part-time _____

Would you rehire this person? _____

Please comment on the strengths and weaknesses of the applicant:

Signature Date

Fall 2008 form 2/07