

**CAPITOL HILL  
TESTING SERVICE**  
230 Washington Ave. Ext.  
Suite 101  
Albany, NY 12203  
(800) 724-8633  
(518) 462-6805

STATE OF NEW YORK  
**OPHTHALMIC DISPENSING  
& CONTACT LENS  
PRACTICAL EXAMINATIONS**  
*CHTS Scheduling Form 555/19*

**1** **EXAMINATION**  
 Ophthalmic Dispensing  
 Contact Lens  
**NOTE: Filing Deadline is six (6)  
weeks prior to the examination**

**ALL CANDIDATES -- PLEASE TYPE OR PRINT IN BLACK INK ALL INFORMATION. READ INSTRUCTIONS BEFORE COMPLETING.**

**2**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
SOCIAL SECURITY NUMBER

Month Day Year  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
DATE OF BIRTH

Area Code Number  
\_\_\_\_ - \_\_\_\_\_  
TELEPHONE NUMBER DURING THE DAY

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_ - \_\_\_\_  
ZIP CODE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
CANADIAN PROVINCE

**3**

**TEST EXAM DATE**

- SPRING 20 \_\_\_\_  
Year  
*(Ophthalmic Dispensing Only)*
- FALL 20 \_\_\_\_  
Year

**4**

Is this your first time taking the ophthalmic dispensing examination?

- Yes (New Candidate)
- No (Re-examinee)

Is this your first time taking the contact lens examination?

- Yes (New Candidate)
- No (Re-examinee)

**5**

**REASONABLE ACCOMMODATIONS**

- I will need reasonable accommodations for my disability. Written explanation is required; attach a description of the disability and a detailed recommendation supporting the accommodation requested from an appropriate health care professional.

**6**

Check appropriate box(es) below for the exam(s) you will be taking and the fee you will be submitting. Applications postmarked later than six (6) weeks prior to the examination are considered late. Make fee payable to "CHTS."

**Ophthalmic Dispensing**

- Examination Fee . \$700.00
  - Late Filing Fee ..... \$50.00
- If paying by credit card, please complete Section 10 on reverse.*

**Contact Lens**

- Examination Fee .. \$245.00
- Late Filing Fee ..... \$50.00

**TOTAL FEE DUE:**  
\$ \_\_\_\_\_

7

**PHOTOGRAPH**

• DO NOT STAPLE •

IN THIS SPACE  
SECURELY ATTACH  
PHOTOGRAPH TAKEN  
WITHIN PAST YEAR

Write signature on light portion of  
photograph, not across features

Date of Photograph \_\_\_\_\_

8

**OPTICIANRY EDUCATION**

- Erie Community College
- NYC College of Technology
- ASA College
- Other New York College (specify)  
\_\_\_\_\_
- Out of State/Foreign College (specify)  
\_\_\_\_\_
- Career Progression Program
  - Other (specify)  
\_\_\_\_\_
- Other (specify)  
\_\_\_\_\_

9

**CANDIDATE  
INFORMATION**

**OPTIONAL**

**Ethnicity (check only one)**

- American Indian or Alaskan native
- Asian or Pacific Islander
- Black (non-Hispanic)
- Hispanic
- White (non-Hispanic)

**Gender (check only one)**

- Male
- Female
- Non-Binary
- Other (specify)  
\_\_\_\_\_

10

**PAYING EXAMINATION FEE BY CREDIT CARD**

Type of Credit Card:  Visa  MasterCard  Discover Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code (3-digit number on back of card): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

11

**EXAMINATION DATE/TIME PREFERENCE (Optional)**

- Monday morning
- Monday afternoon
- Tuesday morning/afternoon

*NOTE -- Assignments are made on a first-come, first-served basis and cannot be guaranteed*

12

**PLEASE READ THE FOLLOWING ATTESTATION AND SIGN AND DATE BELOW:**

I understand, that in order to be admitted to this examination, I am required to file an application for licensure with the New York State Education Department. I certify that I have reviewed the requirements for licensure in New York as outlined in the Application Packet and believe I meet all prerequisites for the examination. I understand and accept that neither admission to nor successful completion of the examination will result in licensure until all requirements are met.

I attest to the fact that, by the date of the scheduled examination, I will have completed:

- (1) a high school program including one year of mathematics such as algebra or geometry,  
AND
- (2) a New York State-recognized Ophthalmic Dispensing collegiate program,  
OR
- the experience requirement in a New York State-approved training program.

Under penalties of perjury, I declare and affirm that the statements made in this application, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

I understand that monies paid with CHTS Scheduling Form 555 are non-refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## **NEW YORK STATE OPHTHALMIC DISPENSING & CONTACT LENS LICENSURE EXAMINATION SCHEDULING FORM INSTRUCTIONS**

CHTS is a professional test administration service under contract with the New York State Education Department. All candidates will be required to complete the Scheduling Form 555. The Scheduling Form and the appropriate fee must be submitted directly to CHTS.

**Do not submit the New York license application forms to CHTS; send only the Scheduling Form 555 and fee to CHTS.** It will be the candidate's responsibility to insure all required license application documents and fees have been filed directly with the New York State Education Department in Albany.

**BLOCK 1 -** Check the examination(s) for which you want to be scheduled; note that the Contact Lens is only administered in the Fall.

**BLOCK 2 -** Fill in the requested information completely and legibly. Please type or print clearly. All candidates must use a United States or Canadian address.

**BLOCK 3 -** Check examination date (fill in year) for which you want to be scheduled.

**BLOCK 4 -** Check the appropriate box. Be sure that as a first-time applicant you have the correct documents completed and submitted. Do not confuse this examination scheduling form with the New York State Education Department's license application. Reapplicants need only submit the CHTS Scheduling Form 555 and fee.

**BLOCK 5 -** If you check the reasonable accommodation box be certain to attach to the scheduling form a description of the disability and a detailed recommendation supporting the accommodation requested from an appropriate health care professional.

**BLOCK 6 -** Check the appropriate fee(s) and enclose a money order or check payable in U.S. currency to CHTS. Any application postmarked later than six (6) weeks prior to the examination is considered late and must include a \$50.00 late fee. Be sure to fill in box labelled Total Fee Due

**BLOCK 7 -** Attach an appropriate photograph; do NOT staple. Photo must have been taken within the past year and candidates should sign the photograph, but not across the features.

**BLOCK 8 -** Check the box that describes your optician education.

**BLOCK 9 -** Check one box for each section. Please note that completion of this section is optional; the ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes pertaining to the study of examination impact. It will not be made part of your licensure file and will not be released to anyone. While the provision of this information is voluntary on your part, statutory responsibilities contemplate the collection of reliable information and we therefore encourage you to participate.

**BLOCK 10 -** Complete this section if you are paying your examination fee by credit card.

**BLOCK 11 -** *Optional*-- Indicate preference for examination date/time.

**BLOCK 12 -** Sign and date your candidate affidavit after reading the statement.

- Submit the Examination Scheduling Form 555 and fee to CHTS at the address shown above.
- Questions regarding the Examination Scheduling Form 555 examination sites or dates and your admission letter (which you should have received at least 14 days prior to the examination date) should be directed to CHTS's Ophthalmic Dispensing Coordinator at (518) 462-6805 or (800) 724-8633.
- Questions regarding licensure and eligibility should be directed to the New York State Education Department, Division of Professional Licensing Services at (518) 474-3817, ext. 250, or to the New York State Ophthalmic Dispensing Board at (518) 474-3817, ext. 180.

**Scheduling forms must be POSTMARKED on or before the deadline date (six [6] weeks prior to the examination). Mail that arrives with a later postmark will be considered late and MUST include late fee. Deadlines are strictly enforced.**

## GENERAL INFORMATION REGARDING THE EXAMINATION

**ADMISSION CARD:** An Admission Card will be mailed to eligible candidates 14 days prior to the examination. This card admits the candidate to the examination. **CANDIDATES ARE REQUIRED TO PRESENT POSITIVE SIGNED IDENTIFICATION IN ORDER TO BE ADMITTED TO THE EXAMINATION** -- driver's license, immigration card, passport, school identification card, State of New York ID card -- any of these are accepted as identification as long as they contain your current photo and your signature. The Admission Card will list the examination site and reporting time. If you **DO NOT** receive your admission card 5 days before the examination, contact CHTS at (518) 462-6805 or (800) 724-8633. **CANDIDATES ARRIVING LATE CANNOT BE GUARANTEED AN OPPORTUNITY TO SIT FOR THE EXAMINATION AND WILL BE GIVEN NO EXTRA TIME TO COMPLETE THE EXAMINATION.**

**FRIENDS/RELATIVES AT THE EXAMINATION SITE:** Only scheduled candidates will be admitted to the examination area. Friends and relatives of candidates must wait for candidates outside the examination site.

**RESULTS:** Results are mailed to the latest address you have given us approximately 4 weeks after the examination. Examination scores are never given over the telephone under any circumstances. **DO NOT CALL THE NEW YORK STATE EDUCATION DEPARTMENT OR CHTS IN THIS REGARD.**

**UNSUCCESSFUL CANDIDATES:** Unsuccessful candidates will be provided with reexamination information when they are notified of their results. Unsuccessful candidates whose scores are within 5 points of passing will be offered an opportunity to review and challenge their results; candidates whose scores are 6 to 10 points below the pass point will be offered an opportunity to review, but not challenge, their results. All reviews and challenges will be held at CHTS, 230 Washington Avenue Ext., Suite 101, Albany, NY.

**NUMBER OF TIMES A CANDIDATE MAY APPLY:** Candidates may take the licensing examination as many times as necessary to complete licensure.

**REFUND & CANCELLATION POLICY:** All monies submitted with the candidate's application are non-refundable and non-transferable; however, candidates who are determined ineligible before admission notices are mailed will receive a complete refund, less the \$50 refund fee. Candidates who do not appear for an examination, regardless of the reason, shall forfeit all monies paid.

**RECEIPT OF APPLICATIONS:** CHTS cannot acknowledge receipt of individual applications over the telephone. We suggest that you mail early! Allow sufficient time to meet the deadline date. The application must be postmarked on or before the deadline date. Use certified mail "return receipt requested" to confirm delivery.