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1. Examination Type

Please check the examination for which you are applying: ☐ CCR Initial ☐ CCR Recertify ☐ CCR ☐ CDEIT ☐ CDE ☐ CDA ☐ RDA ☐ RDA ☐ RDA ☐ RDA ☐ RDA

Please check one affiliation below:
☐ New Recruitant: Please refer to the payment section below. ☐ This is my first time applying for this exam.
☐ I am taking this exam for credit by certificate for all continuing education credits.

2. JCAHPO Identification Number (If applicable)

3. Applicant: Your name will appear on your certification as follows:

Important: The name on your new forms of identification that will be presented the testing center when you take the exam must match exactly the name provided below.

Name: ☐ Mr. ☐ Mr. ☐ Ms. _____ Date of Birth: Year/Month/Day _____

First _____ Middle _____ Last _____ Title _____ Former name (if applicable) _____

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____ Country _____

Home Telephone _____ Business Telephone _____

E-mail _____ Fax _____

Note: Notify JCAHPO of any name or address changes. Official examination correspondence will be mailed to your home address.

Applicant's highest educational credential completed: Check one box and indicate subject fields (fill in as appropriate):

☐ High school diploma ☐ Two year college (Associate's degree) ☐ Bachelor's degree ☐ Master's degree ☐ Other: _____

Subject Discipline: _____

Applicant's occupational background: Check all that apply:

☐ Certified Operator ☐ Construction Technician ☐ High School Photographer ☐ Operator ☐ Recreationalist ☐ Other: _____

4. Eligibility

Note: Your application will not be processed if the appropriate section below is not completed. See the [Criteria Handbook](#) for further explanation of the eligibility criteria. Supporting documentation of your education (such as a transcript or a copy of a certificate of completion) must be attached.

CCDA Applicants - Check only one box:

- ☐ Graduate of formal technical training program (IT)
- ☐ Graduate of formal training program and work experience (IT)
- ☐ Completion of independent study course and work experience (IT)

CDE Applicants - Check only one box:

- ☐ Graduate of formal training program (IT)
- ☐ Currently certified as a CDA and work experience (IT)
- ☐ Currently certified as an operator and work experience (IT)
- ☐ Currently certified as a CDA and non-certified work experience (IT)

CDEIT Applicants - Check only one box:

- ☐ Graduate of formal training program and two or more years of college education (IT)
- ☐ Graduate of formal training program and two years of college education and work experience (IT)
- ☐ Currently certified as a CDE and work experience (IT)
- ☐ Currently certified as an operator and work experience (IT)
- ☐ Current CDE, work experience as a CDEIT, and non-certified work experience (IT)

CDA Applicants - Check only one box:

- ☐ Graduate of formal technical training program (DA)
- ☐ On-the-job training (DA)
- ☐ Approved Supplemental Assistant Operator and Supplemental Operator (DA)

RDA Applicants:

- ☐ Graduate of formal training program (IT)
- ☐ Currently certified as a CDA/CDE/CDEIT, RDA, ASCL, ITSS or CDA, and work experience (IT)
- ☐ Earned 10 credits in classroom setting, hands-on course and work experience (IT)

CEOA Applicants:

- ☐ Graduate of formal training program (IT)
- ☐ Currently certified as a CDA/CDE/CDEIT, RDA, ASCL, ITSS or CDA, and work experience (IT)
- ☐ Earned 10 credits in classroom setting, hands-on course and work experience (IT)

CEOM Applicants:

- ☐ Completion of independent study course and current proficiency with supplier of optometric products and/or services.

I comply with the criteria that corresponds to the selection made above and have attached copies of the required documentation.

Signature _____ Date _____

5. Payment

Indicate method of payment (please refer to the fee schedule in the criteria handbook for amounts):

Group Code (If applicable): _____

- ☐ Check/Money Order (drawn on U.S. bank, in U.S. dollars, payable to JCAHPO)
- ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express
- ☐ \$50.00 Rush Processing Fee

Payment is by credit card, please provide the following information:

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Expiry Date (please print) _____ Cardholder's Signature _____

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