

NAS410 Level 3 Certification Record

| QUALIFICATIONS | | | | | | | | | |
|--|--|-------|-------|-------------|--------------|-------|-------|------------------|---------------------------|
| <p style="text-align: center;">Experience</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Years</i></p> | <p style="text-align: center;">Formal Education</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">_____</td> <td style="border: none; width: 50%;">_____</td> </tr> <tr> <td style="border: none; text-align: center;"><i>Type</i></td> <td style="border: none; text-align: center;"><i>Major</i></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;"><i>Grad Date</i></td> <td style="border: none; text-align: center;"><i>College/University</i></td> </tr> </table> | _____ | _____ | <i>Type</i> | <i>Major</i> | _____ | _____ | <i>Grad Date</i> | <i>College/University</i> |
| _____ | _____ | | | | | | | | |
| <i>Type</i> | <i>Major</i> | | | | | | | | |
| _____ | _____ | | | | | | | | |
| <i>Grad Date</i> | <i>College/University</i> | | | | | | | | |
| <p style="text-align: center;">Examinations</p> <p>General Exam: _____</p> <p>Specific Exam: _____</p> <p>Practical Exam: _____</p> <p>Procedure: _____</p> <p>Composite Score: _____</p> | <p style="text-align: center;">Initial Eye Examination</p> <p>Date: _____</p> <p>Examiner: _____</p> <p>Results: _____</p> <p style="font-size: small; margin-top: 10px;">*Records of Annual Eye Examinations must be attached to this certification for it to remain valid.</p> | | | | | | | | |
| Qualification Approval | | | | | | | | | |
| _____ | _____ | | | | | | | | |
| <i>Responsible Level 3/ Outside Agency Signature</i> | <i>Date</i> | | | | | | | | |
| _____ | | | | | | | | | |
| <i>Responsible Level 3/ Outside Agency Printed Name</i> | | | | | | | | | |

I affirm that _____ has met applicable requirements of

Candidate Name

NAS410 and our Written practice for certification in:

Method *Level*

This certification is valid from _____ to _____

Start Date *End Date*

| | | |
|---|--------------------------------------|-------------|
| _____ | _____ | _____ |
| <i>Certifying Official Printed Name</i> | <i>Certifying Official Signature</i> | <i>Date</i> |

* Experience logs, training certificates, examinations, and eye exams shall be attached to this record.