



Please complete one form for each place of employment, if applicable;
Make copies of this form, as needed

PERSONAL INFORMATION

Surname:	First Name:
Home Address:	
City/Town:	Province/State:
Postal Code:	Country:
Telephone:	Email:

RECORD OF ACTUAL DISPENSING EXPERIENCE

Business Name:	Self Employed? []Yes []No
Business Address:	
City/Town:	Province/State:
Postal Code:	Country:
Telephone:	Email:
First Day of Employment(DD/MM/YY):	Last Day of Employment(DD/MM/YY):
Hours Per Week of Actual Dispensing:	Total Actual Dispensing Hours at this Location:

RECORD OF EYEGLOSS AND CONTACT LENS FITTINGS

Number of Eye Glasses Fittings:	Number of Contact Lens Fittings:
[] Multifocal	[] Soft
[] High Myopic	[] Rigid Gas Permeable
[] Hyperopic	