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 K 122
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