



# National Federation of Opticianry Schools

Professional Education for Opticians

2800 Springport Road Jackson, MI. 49202 517-990-6945 fax 517-789-7331

www.nfos.org

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2006 –2008

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**1. Name and Address of Institution:**

**2. Official Title of Program:**

**3. Name of Opticianry Program Director:**

**Telephone Number:**

**Email address:**

**4. Name of Institution's Chief Executive Officer:**

**5. Year first Opticianry program class graduated:**

**Year Opticianry program began operation:**

**6. Is the institution regionally and/or state accredited?**

**If yes, please state name(s) of accrediting agency(ies) and expiration date:**

**7. List student admission requirements:**

**8. Specify certificate/diploma awarded upon completion of program:**

**9. Is the program postsecondary?**

**If not, please specify:**

**10. Academic Year**

**Date:**

**Submitted by:**

**Approved by:**

Opticianry Program Director

Chief Executive Officer of Institution

\*Please note: The National Federation of Opticianry Schools fiscal year is from January 1 to December 31.

\*\*Please attach a copy of the Opticianry course descriptions and program of study