

Request for replacement ABDO certificate/diploma



Section 1 - Personal details

ABDO membership number: Title: Mr Mrs Miss Ms

Surname: _____ Forenames: _____

Address: _____

_____ Postcode: _____

Section 2 - Reason for request

Change of name: Please attach documentary evidence of change of name (*i.e. marriage certificate*)

Original lost:

Other: Please specify here _____

Please note: ABDO certificates/diplomas are normally only printed twice a year (February & October)

Section 3 - Certificate/Diploma request Please tick which certificate/diploma you require.

*A fee of £100.00 per request for a certificate/diploma is required. Payment **must** be included with this request, either in the form of a cheque (made payable to ABDO, with your ABDO membership number written on the reverse) or by completing the separate credit card details form attached.*

Level 6 - Diploma in Ophthalmic Dispensing - FBDO

Level 6 - Certificate in Contact Lens Practice - FBDO CL

Level 7 - Diploma in Advanced Contact Lens Practice - FBDO (Hons) CL

Level 6 - Diploma in the Assessment and Management of Low Vision - FBDO (Hons) LVA

Level 7 - Diploma in Spectacle Lens Design - FBDO (Hons) SLD

(Please use a separate request form should you require more than one replacement certificate/diploma.)

Confirm name to be shown on cert/diploma : _____

Confirm suffix to be shown on cert/diploma: _____

Date of qualifying: / / Please attach documentary evidence of your qualification.

Only fully paid up current ABDO members are entitled to hold a diploma/certificate and to use the suffix FBDO, whether in practice in the UK or practising overseas.

Sign and date to confirm the above is correct:

Signed: _____ Date: _____

Return the completed request form and payment to the following address by secure mail:

Mrs L M Chandler
ABDO Examinations and Registration
The Old Dairy, Godmersham Park
Godmersham
Kent
CT4 7DT

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Credit Card Payment Details

(All sections marked * **must** be completed).

Only the following cards will be accepted. *We cannot accept AMEX/Electron cards.*

Please tick payment card being used:

Access Visa Switch Mastercard

Please debit £_____ from the following account:

Card number*

Issue number Security number*
(If applicable) (last three digits found on back of the card)

Start date / Expiry date* /

Name: _____
As written on card

Signed* _____
Cardholder's signature

Date / /

Note: If any of the above details are not completed and/or a transaction is declined, this request will be returned by post, unprocessed.