

## APPLICATION FOR AUTHORIZATION AS AN OUTSIDE AGENCY TO CONTRACT TO CONDUCT VISION SCREENING IN THE PUBLIC SCHOOLS OF ORANGE COUNTY (Must be completed annually prior to September)

Name of Agency of Comp	oany:				
Address:					
County:	Telephone: ( )				
CREDENTIAI	STANDARDS AND S AND/OR CERTIFIC				CE
Director of the Agency:					
	(Last Name)	(First Na	me)	(Middle Initial)	
Address:					<u>.</u>
TESTING PERSONNEL WH	IO WILL CONDUCT V	ISION SCREEE	NING IN SCHOO	DLS:	
List all personnel who wi or Standard Designated S who possess a credential the standards of the Stat	Services Credential was and a certificate of	ith a Speciali having compl	zation in Health	(CAC, Title 5, Se	ection 597); or
Name	Social Se	curity No	/ Birthdate		Only - Verified
				Date	Initials