



Certified Eye Banker (CEB) Exam

Approval Form

Candidates applying to become a Certified Eye Banker (CEB) must have support and approval from the eye bank Executive Director and Medical Director. Please upload this form with your exam application.

Applicant Information:

Name (First and Last)

Organization

Executive Director:

Name (First and Last)

Position

Medical Director:

Name (First and Last)

Position

Executive Director Statement of Support

I currently serve as Executive Director for the eye bank listed above. I support and approve of this candidate's application to sit for the EBAA Certified Eye Banker Exam.

Executive Director Signature

Date

Medical Director Statement of Support

I currently serve as Medical Director for the eye bank listed above. I support and approve of this candidate's application to sit for the EBAA Certified Eye Banker Exam.

Medical Director Signature

Date