

The American Society of Ocularists



INTERN (Supervised) Application

Name _____

Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will not be processed.

The American Society of Ocularists (ASO) welcomes qualified applicants to apply to the College of Ocularistry (COO). It does not discriminate based on age, sex, race, sexual orientation, religion, or national origin. To be eligible to enroll in the Intern Ocularist Program of the College of Ocularistry, all persons must be at least eighteen (18) years of age, have a high school diploma or equivalent and satisfy all other requirements as set forth by the American Society of Ocularists College of Ocularistry.

Please read carefully the Charter of Ocularistry at www.ocularist.org. Acceptance into this program does not entitle the Intern to membership in the American Society of Ocularists. A separate membership application available at www.ocularist.org must be made directly to the American Society of Ocularists, upon completion of the ASO College of Ocularistry Diploma program. **Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will not be processed.**

INTERN (Supervised) ELIGIBILITY and COMMITMENT

The supervised Intern must devote 100% of his/her normal working hours to training and practicing as an Ocularist under the direct supervision of an ASO Board Approved Diplomate Ocularist (BADO). The Intern must be enrolled and actively participating in the College of Ocularistry Intern Program in pursuit of the COO diploma. Upon acceptance by the Board of Directors of the American Society of Ocularists the Intern will be enrolled in the College of Ocularistry. The Intern must attend two (2) out of the first four (4) ASO/COO education conferences and successfully complete one hundred and fifty (150) COO education credits per year. After the first two years, the Intern is not required to attend every meeting, but must continue to attend regularly. A total of seven hundred and fifty (750) COO education credits are required to graduate. The Intern cannot graduate from the program in less than five (5) years and no longer than seven (7) years. It is the responsibility of the Intern to attend the conferences on a regular basis to ensure these requirements are met. Interns who do not meet these requirements will be advised that they are not active in the program and will no longer be permitted to remain in the program. Ten thousand (10,000) hours of training are required to graduate. At forty hours (40) per week, two thousand (2000) *verifiable hours* are required each year, with graduation in 5 years. At 35 hours per week, sixteen hundred (1600) *verifiable hours* are required each year, with graduation in 6 years. It is the responsibility of both the Intern and the BADO supervisor to advise the College of Ocularistry of any changes which differ from those stated in the Intern's notarized application. Acceptance into the College of Ocularistry Intern Program does not entitle the Intern to membership in the American Society of Ocularists.

PROCESSING FEES: A \$500.00 USD application fee is required by the ASO to cover the expenses of processing your application. This fee must accompany the application and is non-refundable. The ASO does not accept currency (either US or foreign) for applications. Payment must be submitted by credit card, regular check (cheque), money order or bank cashier's check (cheque).

Please note: This application is valid for one year from the date it is received at the ASO office. Once the application process is completed, applicants must be approved by the American Society of Ocularists Board of Directors before being admitted to the College of Ocularistry.

Tuition Fees: An annual tuition fee of \$775.00USD is required. This fee is due upon notification of your acceptance by the ASO College of Ocularistry. The first year it is pro-rated to co-ordinate with your acceptance date. Annually, this fee is due by the 31st of December each year. With notice, this fee is subject to change.

I hereby apply to the ASO College of Ocularistry Intern Program. I am submitting my qualifications and other pertinent information relating to myself for consideration by the College.

Date of Application: _____ Date received: _____ (Office use only)

Last Name: _____ First name: _____ Middle Initial: _____

Current Practice/Business Practice name: _____

Business Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Business Phone: _____ Business Fax: _____ Cell # _____

Practice/Business Website address: _____

Your Email Address: _____ This address must be unique to you, not shared by another

Home Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

My Board Approved Diplomate Ocularist (BADO) Supervisor is: _____

BADO Contact Information: _____

How many hours per week do you work at this practice? _____ per week.

A confirmation letter from your supervisor must be included with this application. For identification purposes, a photo must be included with this application.

EDUCATIONAL BACKGROUND Verification of your most recent education (transcript, diploma, or equivalency) must be attached. Please attach a separate page if extra space is required.

Name of Institution Designations/Degrees	Years Attended	Date of Graduation
High School _____	_____	_____
College _____	_____	_____
University _____	_____	_____
Other _____	_____	_____

Awards and/or Honors you have received: _____

Additional Information you feel is pertinent to this application:

WORK EXPERIENCE: List your most recent place of employment first.

Business Name	Business Address	Type of Work Performed	Dates
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

TELL US ABOUT YOURSELF

Please tell us about your interests or hobbies. You may add any information you feel is pertinent to your profile.

PLEASE READ AND SIGN

I have read the Charter of the ASO College of Ocularistry (COO). I understand that, if my application is approved, I agree to comply with the requirements, as defined in the Charter.

I understand and accept that all College course instruction and material is offered in English only. I agree that during my first two years from the date of acceptance into the Society, I will attend two (2) out of four (4) ASO conferences. I must verify 1,600 or 2000 training hours per year to a maximum of 10,000 hours (five years/six years) and accumulate 750 College credits within the specified period to graduate from the program no sooner than five years and no longer than seven years. I understand and agree that if I am not compliant with meeting my minimal requirements, I will not be permitted to remain in the program.

I understand that all submitted materials become property of the American Society of Ocularists. I understand that any false and misleading information in this application will be grounds for expulsion from the College or rejection of this application. I authorize the Administration of the College of Ocularistry to make a confidential investigation of any of the statements made within this application. I waive any claim of liability against anyone who provides information to the College regarding me in good faith.

I agree to appear in person, if so requested, before the Administration of the COO and/or the Board of Directors of the American Society of Ocularists (ASO) on reasonable notice and at such a place where the COO or the ASO meets in connection with my application. I understand that the COO does not discriminate based on age, gender, sexual orientation, race, religion, or nationality.

I agree to allow _____, my BADO supervisor, to have access to my College transcripts and other pertinent ASO College of Ocularistry information.

I have enclosed \$500.00 USD non-refundable application fee with this application.

Having read and answered all questions as part of this application, I warrant that the answers to these questions are true.

Dated this _____ day of _____, 20__ at _____

Your name _____

Your signature _____

Subscribed and sworn by _____ before me this _____ day of _____, 20__

Notary Public

Notary Name

Commission Expires _____

County, State/Province of Residence _____

Notary seal (if applicable)

Return to: American Society of Ocularists

1 Ridge Court, Placitas, New Mexico 87043

(888) 508-5182 phone (888) 519-4088 FAX email: tina@ocularist.org

01/02/2022