



## AMERICAN SOCIETY OF OCULARISTS

The American Society of Ocularists (ASO) welcomes qualified applicants and does not discriminate on the basis of age, sex, race, sexual orientation, religion or national origin. To be eligible to enroll in the Education Program of the ASO, 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.

**APPRENTICE ELIGIBILITY and COMMITMENT:** An apprentice must devote 100% of his/her normal working hours, defined by the ASO as forty (40) hours per week, to training and practicing as a student Ocularist under the direct supervision of an ASO Board Approved Diplomate Ocularist (BADO). An apprentice must be enrolled and actively participating as a student in the ASO Apprentice Education Program in pursuit of the ASO diploma. Upon acceptance by the American Society of Ocularists, during their first two (2) years an Apprentice must attend two (2) out of four (4) ASO education conferences and successfully complete one hundred and fifty (150) ASO education credits per year. After the first two years, an apprentice is not required to attend every meeting, but must continue to acquire a minimum of one hundred and fifty (150) ASO education credits every year. Two thousand (2000) *verifiable working/training hours* are required each year, to a maximum of ten thousand hours (10,000). A total of seven hundred and fifty (750) ASO education credits are required to graduate. An apprentice cannot graduate from the program in less than five (5) years and no longer than seven (7) years. It is the responsibility of the Apprentice to attend the conferences on a regular basis to ensure these requirements are met. Apprentices 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 this membership category.

**ASSOCIATE ELIGIBILITY and COMMITMENT:** Persons *presently working* in ophthalmology may apply as an Associate member. An Associate devotes at least sixty per cent (60%) of his/her normal working hours, defined by the ASO as twenty-four (24) hours per week to training and practicing as an Ocularist. An Associate shall be enrolled as a student in the Education Program of the ASO in pursuit of the ASO diploma. During their first two (2) years in the program, an Associate must attend two (2) out of four (4) ASO conferences and successively complete ninety-four (94) education credits. After their first two years, they are not required to attend every meeting, but must continue to acquire a minimum of ninety-four (94) education credits every year. A total of seven hundred and fifty (750) ASO education credits are required to graduate. An Associate cannot graduate from the program in less than eight years (8) and no longer than ten (10) years. It is the responsibility of the student to attend the conferences on a regular basis to ensure these requirements are met. Students who do not obtain the necessary credits within the specified time period will be advised that they are not active in the program and therefore not meeting the requirements of the program.

**ANCILLARY ELIGIBILITY:** Ocularists having attained their Board Certification (BCO) from the National Examining Board of Ocularists (NEBO) and having no desire to attain an education diploma from the ASO may apply for this category of membership. Ancillary members may attend ASO education conferences to accumulate continuing education credits as required by NEBO for re-certification purposes. Ancillary Members will enter the Continuing Education Program in this category.

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**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. 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 Board of Directors before being admitted to the American Society of Ocularists.

Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will be returned to the applicant. *Please indicate the choice of membership for which you are applying:*

Check one:  APPRENTICE

ASSOCIATE

ANCILLARY

I hereby apply to the American Society of Ocularists for entrance into the ASO Education program or Continuing Education Program as indicated above. I am submitting my qualifications and other pertinent data relating to myself for consideration by the Admissions Committee of the Society.

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Your Business Practice name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**APPRENTICES ONLY: A VERIFICATION LETTER FROM YOUR BADO SPONSOR MUST ACCOMPANY YOUR APPLICATION.**

**ASSOCIATE APPLICANTS AND ANCILLARY APPLICANTS COMPLETE THIS PORTION: (Not required by Apprentice Applicants)**

Please submit the names and addresses of five ophthalmologists and/or ASO member Ocularists the Admissions Committee may contact as references to verify your character, work experience and proficiency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ email: (if known) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ email: (if known) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ email: (if known) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ email: (if known) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ email: (if known) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**ALL APPLICANTS PLEASE ANSWER THE FOLLOWING QUESTIONS**

**(If you answer "Yes" to any of these questions, please attach a separate page with explanations.)**

- Have you previously applied to the American Society of Ocularists? Yes \_\_\_ No \_\_\_
- Have you ever been accused of health insurance fraud? Yes \_\_\_ No \_\_\_
- Have you ever been sanctioned for violation of health insurance rules or other federal, state/province governmental rules? Yes \_\_\_ No \_\_\_
- Has a grievance ever been filed against you in or by a hospital? Yes \_\_\_ No \_\_\_
- Have you ever been successfully sued for violation of a confidentiality agreement or non-competition agreement by a former employer? Yes \_\_\_ No \_\_\_
- Do your patients ever fit themselves with a stock eye prosthesis in your office? Yes \_\_\_ No \_\_\_
- Do you send selections of stock eye prosthesis to the patient for self-fitting? Yes \_\_\_ No \_\_\_
- Do you send away for prostheses from a supplier of artificial eyes? Yes \_\_\_ No \_\_\_
- Do you use the services of an offsite prosthetic eye laboratory for the painting and/or fabrication of your eye prosthesis? Yes \_\_\_ No \_\_\_
- What type of eye prosthesis do you fit? Plastic \_\_\_\_\_ Glass \_\_\_\_\_ Silicone \_\_\_\_\_
- What types of eye prosthesis do you make? Plastic \_\_\_\_\_ Glass \_\_\_\_\_ Silicone \_\_\_\_\_
- What is the number of years that you have fit artificial eyes? \_\_\_\_\_
- What is the number of years that you have made artificial eyes? \_\_\_\_\_

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

Awards and/or Honors you have received: \_\_\_\_\_

**WORK EXPERIENCE** List your most recent place of employment first. Substantiation of an applicant's employment and experience is the responsibility of the applicant and will be verified by the ASO Admission Committee.

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

Have you trained in the fitting and fabrication of ophthalmic prosthetics? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, with whom have you trained: \_\_\_\_\_

Supply the dates of this training: \_\_\_\_\_

Check which method of training you have received. (You may check all that apply.)

Stock Fitting \_\_\_\_\_ Modified Stock Fitting \_\_\_\_\_ Empirical \_\_\_\_\_ Modified Impression Technique \_\_\_\_\_ Other \_\_\_\_\_

Describe the training you have received: Attach a separate page if additional space is required.

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Do you or your sponsor refer suspected pathological problems to an ophthalmologist? Yes \_\_\_\_\_ No \_\_\_\_\_

Tell us about your average week. How many hours per week do you spend:

- 1) Fitting custom ocular prosthesis (artificial eyes and scleral shells) \_\_\_\_\_ hrs
- 2) Fabricating custom ocular prosthesis \_\_\_\_\_ hrs
- 3) On duties (non-secretarial) directly related to 1) and 2) \_\_\_\_\_ hrs
- 4) Fitting of stock eye prosthesis \_\_\_\_\_ hrs
- 5) Fitting contact lenses \_\_\_\_\_ hrs
- 6) Fitting and fabricating maxillofacial prosthesis \_\_\_\_\_ hrs
- 7) Fitting and fabricating eyeglasses (spectacles) \_\_\_\_\_ hrs
- 8) On duties (non-secretarial) directly related to 4) 5) 6) and 7) \_\_\_\_\_ hrs
- 9) Office administrative duties directly related to 1) and 2) \_\_\_\_\_ hrs
- 10) Office administrative duties directly related to 4) 5) 6) and 7) \_\_\_\_\_ hrs

11) Describe other duties not listed above:

\_\_\_\_\_ hrs

\_\_\_\_\_ hrs

\_\_\_\_\_ hrs

\_\_\_\_\_ hrs

Total Hours per week (up to 40 hours): \_\_\_\_\_ hrs

BADO Sponsor's Name: \_\_\_\_\_

**TELL US ABOUT YOURSELF**

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

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**PLEASE READ AND SIGN (Please check the appropriate box below.)**

I have read the Bylaws and Rules set forth by the American Society of Ocularists (ASO). I understand that if I am accepted into the Education Program (Apprentice or Associate) or the Continuing Education Program (Ancillary), I will be expected to abide by these Bylaws and Rules and that my membership is conditional upon that compliance. I understand that I must participate in the educational program (Apprentices and Associates only) and seek a diploma.

- Apprentices:** I agree that I will participate in the Educational Program and seek a diploma and ASO Board Approval. 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 and achieve 150 ASO Educational credits each year. I understand that I must acquire a minimum of 150 ASO Educational credits every year, must verify 2000 working/training hours per year to a maximum of 10,000 hours (five years) and accumulate 750 ASO Educational credits (five years). I understand that I cannot graduate from the program no sooner than five years and no longer than seven years. I understand that if I do not acquire the required number of credits within the specified time period, I will no longer be considered active in the program and therefore, not meeting the requirements of an Apprentice. 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 Society or rejection of this application. I authorize ASO to make confidential investigation of any of my qualifications for membership and waive any claim of liability against anyone who provides information to ASO regarding me in good faith. I agree to appear in person, if so required, before the Admissions Committee and/or the Board of Directors of the Society on reasonable notice at such a place and time where the Committee or Board meets in connection with membership or this membership application. I understand that the Society does not discriminate on the basis of age, sex, sexual orientation, race, religion or nationality. I have enclosed \$500.00 USD non-refundable application fee with this application.
  
- Associates:** I agree that I will participate in the Educational Program and seek a diploma and ASO Board Approval. 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 and achieve 94 ASO Educational credits. I understand that after the first two (2) years, I must continue to attend in order to maintain the required ninety-four (94) credits per year. A total of seven hundred and fifty (750) ASO education credits are required to graduate. I understand that I cannot graduate from the program sooner than eight (8) years and no longer than ten (10) years. I understand and agree to attend the educational conferences of the American Society of Ocularists on a regular basis to ensure I achieve my required credits within the specified period of time, as described above. I understand and agree that should I not meet these requirements, I will not be permitted to remain in the Education Program and will no longer be permitted to participate as an Associate member. I understand that any false and misleading information in this application will be grounds for expulsion from ASO or rejection of this application. I authorize ASO to make confidential investigation of any of my qualifications for membership and waive any claim of liability against anyone who provides information to the Society regarding me in good faith. I agree to appear in person, if so required, before the Admissions Committee and/or the Board of Directors of the Society on reasonable notice at such a place and time where the Committee or Board meets in connection with membership or this membership application. I understand that the Society does not discriminate on the basis of age, sex, sexual orientation, race, religion or nationality. I have enclosed \$500.00 USD non-refundable application fee with this application.

- Ancillary:** I hereby state that I am a National Examining Board of Ocularists (NEBO) Board Certified Ocularist. I understand and agree that I shall attend American Society of Ocularist conferences at my will and discretion. I shall be fully responsible for collecting and maintaining the necessary continuing education credits required by the National Examining Board of Ocularists for re-certification purposes. I understand that any false and misleading information in this application will be grounds for expulsion from the Society or rejection of this application. I authorize ASO to make confidential investigation of any of my qualifications for membership and waive any claim of liability against anyone who provides information to ASO regarding me in good faith. I agree to appear in person, if so required, before the Admissions Committee and/or the Board of Directors of the Society on reasonable notice at such a place and time where the Committee or Board meets in connection with membership or this membership application. I understand that the Society does not discriminate on the basis of age, sex, sexual orientation, race, religion or nationality. 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 all of 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, Notarial Services or Certificate of Authority

\_\_\_\_\_  
Notary Name

Commission Expires \_\_\_\_\_ (if applicable)

County, State/Province of Residence \_\_\_\_\_

Country \_\_\_\_\_