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 oculistry 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.

PROCESSING FEES: A $50.00 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.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Years Attended</th>
<th>Date of Graduation</th>
<th>Designations/Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>_____________</td>
<td>_________________</td>
<td>____________________</td>
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<tr>
<td>College</td>
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<tr>
<td>University</td>
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<td>____________________</td>
</tr>
<tr>
<td>Other</td>
<td>_____________</td>
<td>_________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address</th>
<th>Type of Work Performed</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
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<td>4)</td>
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</table>
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.

_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

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

_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

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.

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 that 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_____________________________________________