



AMERICAN SOCIETY OF OCULARISTS

**Allied BCO
Or
ASO Member Reinstatement**

MEMBERSHIP 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) does not discriminate against applicants or members based on age, gender, sexual orientation, color, religion or nationality.

There are three ways to become a member of the American Society of Ocularists:

- 1) For those who are either in training with an Ocularist practice, or have been practicing as an Ocularist and wish to being formal training with the College of Ocularistry (COO), application may be made to the College of Ocularistry. The College offers Supervised Intern training, where the Intern is working under the supervision of a Board Certified Ocularist who is a Board Approved Diplomate Ocularist (BADO) in the ASO; or as an Unsupervised Intern, where the Intern is working in a practice, but one that does not have a BADO ASO member. See College of Ocularistry section for more information on this COO.
- 2) Another way to join ASO is as an **Allied BCO**. This **non-voting membership in the American Society of Ocularists** requires the applicant to **be a Board Certified Ocularist certified by the National Examining Board of Ocularists (NEBO)**. The **Allied BCO** must maintain NEBO certification to retain membership in the ASO.
- 3) The third way to join ASO is for those who were previously an ASO member, but who are no longer active. Application can be made to the Board of Directors to reinstate a previous membership.

Before completing this application, please read the Bylaws of the American Society of Ocularists (available on the ABOUT ASO tab at www.ocularist.org) to ensure you have the qualifications needed for membership and are willing to abide by the Bylaws.

Application Fees: A \$500.00 USD application fee is required by the ASO. This fee must accompany your application. This fee is non-refundable. This fee is waived to graduates of the College of Ocularistry or the American Society of Ocularists Diploma Program. Accepted forms of payment are credit card, regular check (cheque), money order or bank cashier's check (cheque). This application is valid for one year from the date it is received by the ASO.

I hereby apply for membership in the American Society of Ocularists. I am submitting my qualifications and other pertinent information relating to myself for consideration by the ASO Admissions Committee.

Date of Application: _____ Date Received: _____ (office use only)

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

Business Practice Name: _____

Mailing Address: _____ CITY: _____

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

Business Phone: _____ Business Fax: _____ Cell #: _____

1. I am Board Certified by the National Examining Board of Ocularists. I am applying for Allied BCO membership. A copy of my NEBO certification is attached.

Or

2. I am a former member of the ASO and wish to reinstate my membership.

Last category of ASO membership: _____

Reason for leaving ASO:

Reason for returning to ASO:

Please provide a separate letter to the Board of Directors your return to ASO.

When space provided on any question is insufficient, you may attach a separate sheet with your explanations.

Have you ever been accused of health insurance fraud? Yes No

Explain: _____

Have you ever been sanctioned for violation of health insurance rules or other federal, state/provincial government rules?

Yes No

Explain: _____

Has a grievance ever been filed against you by a patient or a client? Yes No

Explain: _____

Has a grievance ever been filed against you by a physician, hospital or other medical facility? Yes No

Explain: _____

Have you been convicted in a court of law of a crime? Yes No

If so, please indicate the nature of the crime?

Please tell us more about yourself. You may include your personal interests, honors, awards, etc. You may include a photo (not required):

Please submit the names and contact information of five persons ASO Admissions may contact as references to verify your character, work experience and proficiency. These references must be either ophthalmologists and/or American Society of Ocularists members.

Name: _____ Phone: _____

Business Address: _____ City: _____

State/Province: _____ Country: _____

Zip/Postal Code: _____ Email: _____

Name: _____ Phone: _____
Business Address: _____ City: _____
State/Province: _____ Country: _____
Zip/Postal Code: _____ Email: _____

Name: _____ Phone: _____
Business Address: _____ City: _____
State/Province: _____ Country: _____
Zip/Postal Code: _____ Email: _____

Name: _____ Phone: _____
Business Address: _____ City: _____
State/Province: _____ Country: _____
Zip/Postal Code: _____ Email: _____

Name: _____ Phone: _____
Business Address: _____ City: _____
State/Province: _____ Country: _____
Zip/Postal Code: _____ Email: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

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

- Do you provide a stock artificial eye service for patient self-fitting? Yes No
- Do you provide any type of stock eye service, including mail? Yes No
- Do you send away for prostheses from a supplier of artificial eyes? Yes No
- Do you use the services of an off-site prosthetic eye laboratory for painting and/or fabrication (manufacturing) of your eye prosthesis? Yes No
- What types of eye prostheses do you fabricate/manufacture? Plastic ___ Glass ___ Both ___
- What is the number of years that you have fit artificial eyes? _____
- What is the number of years that you have made artificial eyes? _____

Check all methods of fitting which apply to the services you offer your patients:

- Stock _____
- Modified Stock _____
- Empirical _____
- Empirical with Impression _____

- Modified Impression _____
- Other (Please describe) _____

Do you refer suspected pathological problems to an ophthalmologist or other medical physician? Yes No

PLEASE READ AND SIGN

I have read the Bylaws of the American Society of Ocularists. I understand that if my application is approved, I agree to comply with the requirements as defined in the Bylaws.

I understand that any false or misleading information in this application will be grounds for expulsion from the ASO or rejection of this application. I authorize the Admissions Committee of the ASO to make confidential investigation of my qualifications and the claims made within this application. I waive any claim against any person who provides information to the ASO in good faith.

I agree to appear in person, if so requested, before the Admissions Committee and/or the Board of Directors of the American Society of Ocularists (ASO) on reasonable notice and at such a place where the ASO meets regarding my application.

I understand that the ASO does not discriminate based on age, gender, sexual orientation, race, religion or nationality.

My application fee of \$500.00 accompanies this application. *This application fee is waived for graduates of the College of Ophthalmic Prosthetics or the American Society of Ocularists Diploma Program.*

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

Dated this _____ day of _____, _____ at _____

Your Name: (Print): _____

Signature: _____

Subscribed and sworn by: _____ before me this _____ day of _____, 20____.

Notary Public, Notarial Services or Certificate of Authority

Notary Name _____

County/State/Province of Residence: _____ Country: _____

Commission expires: _____ (if applicable)

Notary Seal (if applicable)