



THE AMERICAN SOCIETY OF OCULARISTS COLLEGE OF OCULARISTRY INTERN PROGRAM

Name _____

INTERN (Supervised) Application

**Please read the application carefully and attach all requested documents.
Improperly filled out or incomplete forms will result in additional fees.**

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 **Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will result in a re-application fee.**

INTERN (Supervised) ELIGIBILITY and COMMITMENT

All Interns are students of the College of Ocularistry. 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. The Intern must attend three (3) out of the first four (4) ASO/COO education conferences. 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 (see Charter). 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. 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.

FEES: A \$500. 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, check or money order.

Please note: This application is valid for one year from the date it is received at the ASO office. Incomplete applications will result in a \$100 re-application fee.

APPLICANT

Date of Application: _____

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 (*unique to you, not shared by others*): _____

Home Address: _____ City: _____

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

For identification purposes, please include a recent headshot photo with this application.

EMPLOYMENT

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

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

A confirmation letter from your supervisor must be included with this application.

List your most recent relevant places of employment first.

Business Name	Business Address	Type of Work Performed	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Verification of your most recent education (transcript, and a copy of your 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: _____

Additional Information you feel is pertinent to this application: _____

FOR THE APPLICANT: 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 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 agree to allow my BADO supervisor: _____ to have access to my COO transcripts and other pertinent information during my enrollment in the College of Ocularistry.

Applicant's Signature

Date

FOR THE SUPERVISOR: PLEASE READ AND SIGN

A Supervising Ocularist is responsible for all work performed by the Intern. As a Supervising Ocularist I agree to the following:

- Direct supervision for the first 6,000 hours (three years)
Direct supervision means the supervisor is in the office while the Intern is interacting with patients.
- Indirect supervision following the above direct supervision timeframe. Indirect supervision means the supervising ocularist inspects all final shells and prosthesis made by the Intern.
- Support the Intern in all aspects of Ocularistry.
- Maintain my membership in ASO as a BADO in good standing so long as I am a Supervising Ocularist.
- Keep informed of the progress of my Intern during their enrollment in the College.
- A COO Supervisor is defined as an ASO Board Approved Diplomate Ocularist (BADO) or other person who has been approved by the COO Administration and the ASO Board of Directors as an educational supervisor.
- Ensure that all supervised training is in the physical presence of the Supervisor as outlined in the above definition of direct and indirect supervision.
- Provide all documentation required by the COO in order to verify that training requirements are met.
- Have no more than two (2) members in training under supervision at any one time.
- Be able to provide sufficient hours of supervised training so that the Supervised Intern Ocularist may complete the COO Program in the prescribed maximum time period for their educational category.
- Provide written notice of the termination of the Supervised Intern Ocularist relationship to the Executive Director of the American Society of Ocularists, within thirty (30) days of such termination.

I have read and understand the requirements set forth by the College of Ocularistry to be a Supervising Ocularist for applicant Intern: _____.

Supervisors Signature

Date

- I have completed all sections on page 2 of this application.
- I have attached a recent headshot photograph for identification purposes.
- I have attached a copy of my Transcript from my most recent educational institution.
- I have attached a copy of my diploma from my most recent educational institution.
- I have attached a confirmation letter from my supervisor.
- I signed the application as indicated on page 3.
- My supervisor signed the application as indicated on page 3.
- I have attached the \$500 application fee. check/money order credit card, *see below*

NOTARY SEAL

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)

If paying by Credit Card, complete here:

Name on Card _____

Card Number _____

Exp. Date _____ Security Code _____

Zip Code for this Card (U.S. Only): _____

Amount: _____

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