



THE AMERICAN SOCIETY OF OCULARISTS COLLEGE OF OCULARISTRY INTERN PROGRAM

Name _____

UNSUPERVISED INTERN 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. Acceptance into this program does not entitle the Intern to membership in the American Society of Ocularists. Please read the application carefully and attach all requested documents.

UNSUPERVISED INTERN ELIGIBILITY and COMMITMENT

An Unsupervised Intern shall be a person currently training and/or working in the field of Ocularistry who has a desire to achieve the College of Ocularistry Diploma. An Unsupervised Intern must be working thirty-five (35) hours per work week as a practicing Ocularist. Sixteen thousand (16,000**) hours of training/work experience, while enrolled in the College of Ocularistry, are required to complete the program. Verification of hours are required annually. The accumulation of required COO training/work time begins upon approval of your application. Educational conferences are scheduled twice per year. Academic credits are offered at each conference. 450 COO academic credits, from such conferences, are required to graduate. Within the first two (2) years after acceptance by the college, an Unsupervised Intern must agree to attend 3 of the first 4 conferences and achieve 450 COO approved academic credits and maintain good academic progress as defined in the Charter. An Intern, not complying with the requirements set forth, will not be permitted to remain in the program.

Unsupervised Interns may shorten their COO time requirement. A pro-rated system is in place for Ocularists with more than four (4) years of previous ocularist experience. A request for time requirement reduction must be made directly to the ASO College of Ocularistry at the time of application. Based on the information provided on your application, your graduation date will be determined. Under no circumstance will the time requirement be less than five (5) years.

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. 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 currently work at your practice? _____

Relevant Work Experience: *Please provide proof of current employment, and a photograph of your treatment room and lab.*

Business Name:	Contact person:	Type of work Performed:	Dates:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received training in the fitting of ophthalmic prosthetics? No Yes. If yes, where?

Have you received training in the fabrication/manufacturing of ophthalmic prosthetics? No Yes. If yes, where?

Please describe with whom you've received your training, when and where?

I have training/work experience in the following areas:

Stock fitting: _____ Modified Stock fitting: _____ Empirical: _____

Empirical with impression: _____ Modified Impression: _____ Other: _____ (Please describe)

I have training and experience with: Acrylic _____ Glass _____

Number of years you have fit artificial eyes: _____

Number of years you have made artificial eyes: _____ Your graduation date will be determined from the information you provide.

Please submit the names and contact information of three persons that may be contacted as references to verify your character, work experience and proficiency. These references must be either ophthalmologists 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: _____

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 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: _____

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.

_____ Applicant's Signature

_____ Date

- I have completed all sections on page 2 and 3 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 proof of current employment.
- I have attached a photograph of my treatment room and lab.
- I signed the application as indicated on this page.
- 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