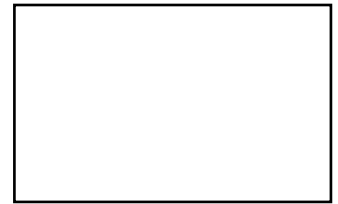


# The American Society of Ocularists



## INTERN (Unsupervised) 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) 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](http://www.ocularist.org). Acceptance into this program does not entitle the Intern to membership in the American Society of Ocularists. A separate membership application available at [www.ocularist.org](http://www.ocularist.org) must be made directly to the American Society of Ocularists, upon completion of the ASO College of Ocularistry Diploma program. **Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will not be processed.**

### INTERN (Unsupervised) ELIGIBILITY and COMMITMENT

An Ocularist 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. Seven hundred and fifty (750) 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 two (2) out of the first four (4) meetings and achieve between ninety-four (94) and one-hundred and fifty (150) COO approved academic credits, as determined by the estimated date of graduation. An Intern must agree to achieve the required number of COO approved credits, each of the following years, until graduation from the program. It is the responsibility of the Intern to attend on a regular basis to ensure these requirements are met. An Intern, not complying with the requirements set forth, will not be permitted to remain in the program. It is the responsibility of the Intern to inform the COO of any changes in hours of training/working which differs from the information provided in this application.

\*\*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.

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

Tuition Fees: An annual tuition fee of \$575.00USD is required. This fee is due upon notification of your acceptance by the ASO College of Ocularistry. The first year it is pro-rated to co-ordinate with your acceptance date. Annually, this fee is due by the 31<sup>st</sup> of December each year. With notice, this fee is subject to change.

I hereby apply to The ASO College of Ocularistry for entrance into the Intern Program. I am submitting my qualifications and other pertinent information relating to myself for consideration by the College

Date of Application: \_\_\_\_\_ Date Received: \_\_\_\_\_ (office use only)

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

Your Email Address: \_\_\_\_\_ This address must be unique to you, not shared by another.

Current Practice/Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ CITY: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Cell # \_\_\_\_\_

Practice/Business Website address: \_\_\_\_\_

How many hours per week do you work at this practice? \_\_\_\_\_ per week.

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 (last attended): | Years attended: | Date of Graduation | Designations/Degrees |
|--------------------------------------|-----------------|--------------------|----------------------|
| _____                                |                 |                    |                      |
| _____                                |                 |                    |                      |
| _____                                |                 |                    |                      |
| _____                                |                 |                    |                      |
| _____                                |                 |                    |                      |
| _____                                |                 |                    |                      |

Work Experience (to date):

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

Have you received training in the fitting of ophthalmic prosthetics?

Have you received training in the fabrication/manufacturing of ophthalmic prosthetics?

Please describe with whom you have 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: Plastic \_\_\_\_\_ Glass \_\_\_\_\_ Both \_\_\_\_\_

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 five persons the COO 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: \_\_\_\_\_

For identification purposes, include a passport sized photo of yourself. Please tell us about yourself.  
What are your hobbies, special interests, or any information you feel is pertinent to your educational profile?

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**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. Upon approval, I agree to attend two out of four conferences within my first two years. I agree to acquire between 94 and 150 COO academic credits per year, as determined by my estimated graduation date, until I reach my goal of 750 academic credits. I understand and agree that my graduation date will be determined from the information I have provided in this application. 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 understand that any false or misleading information in this application will be grounds for expulsion from the COO or rejection of this application. I authorize the Administration of the ASO College of Ocularistry to make a confidential investigation of my qualifications and the claims made within this application. I waive any claim against any person who provides information to the COO in good faith. I understand it is a requirement to inform the COO of any changes in my hours of training/working which differ from the information I have provided in this application.

I agree to appear in person, if so requested, before the Administration of the COO and/or the Board of Directors of the American Society of Ocularists (ASO) on reasonable notice and at such a place where the COO or the ASO meets in connection with my application. I understand that the COO does not discriminate based on age, gender, sexual orientation, race, religion, or nationality.

I agree to allow \_\_\_\_\_, to have access to my ASO College transcripts and other pertinent ASO College information.

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 each of these questions are true.

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)**

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](mailto:tina@ocularist.org)

5/24/2018