



**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- 3) The third way to join ASO is for those who were previously an ASO member, but who are no longer active.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](http://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. 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: \_\_\_\_\_

ASO member categories include Allied BCO, BADO, Medical Affiliate, Fellow, Honorary, Diplomate, Inactive, and Retired. You must now qualify for your last active member category to return to that category.

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. Please advise references in advance that they are being listed on this application as a reference.

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: \_\_\_\_\_

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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.

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)