

AMERICAN SOCIETY OF OCULARISTS
Associate Application

The American Society of Ocularists (ASO) welcomes qualified applicants and does not discriminate on the basis of age, sex, color, sexual orientation, religion or national origin. To be eligible as a member of the ASO, all persons must be at least 18 years of age, have a high school diploma or equivalent, and satisfy all other requirements as set forth by the ASO.

ELIGIBILITY: An Associate shall be a person who devotes at least 60% of his or her normal working hours to training and practicing as an Ocularist. An Associate must be enrolled in and actively participating in the Associate Education Program of the ASO in pursuit of a diploma. During their first two years as a member an Associate must attend three out of four ASO meetings and successfully complete 94 education credits. After their first two years, they are not required to attend every meeting, but must continue to acquire a minimum of 94 credits every two years for a total of 750 credit hours within ten years. The Associate can graduate from the program no sooner than eight years and no longer than ten years. It is each member's responsibility to attend the conferences on a regular basis to ensure these requirements are met. Members who do not obtain the necessary credits within the specified time period will be advised that they are no longer active in the program and therefore not meeting the requirements of their membership category.

PROCESSING FEES: A \$250 USD application fee is required by the ASO to cover the expense of processing the application. This fee must accompany the application and is non-refundable. The ASO does not accept currency (either US or Foreign) for applications. Payment must be submitted by credit card, regular check, money order or bank cashier's check.

PLEASE NOTE: This application is valid for one year from the date it is received at the ASO office. Once the application process is completed, applicants must be approved by the board of Directors before being admitted to the ASO.

Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will be returned to the applicant.

PLEASE TYPE OR PRINT LEGIBLY AND RETURN TO:

Tina M. Schott
American Society of Ocularists
P.O. Box 5275
Herndon, VA 20172
tina@ocularist.org

I hereby apply for ASSOCIATE MEMBERSHIP in the American Society of Ocularists (ASO) and am submitting my qualifications and other pertinent data relating to myself for consideration by the Admissions Committee of the Society.

Date of application _____

Last Name _____ First Name _____ Middle Initial _____

Your Business Practice Name _____

Business Address _____ City _____

State _____ Zip _____ Country _____

Business Phone _____ Business Fax _____

Email Address _____ Web Site _____

Home Address _____ City _____

Zip _____ State _____ Country _____

Please submit name and addresses of five persons the Admissions Committee may contact as references to verify your character, work experience and proficiency. Ophthalmologists and/or ASO Member Ocularists are required.

Name _____ Phone _____
Address _____ City _____ State _____
Zip _____ Country _____

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Zip _____ Country _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

- Have you previously applied to the American Society of Ocularists? Yes___ No___ If yes, when?___
- Have you ever been accused of health insurance fraud? Yes___ No___
- Have you ever been sanctioned for violation of health insurance rules or other federal or state governmental rules? Yes___ No___
- Has a grievance ever been filed against you in or by a hospital? Yes___ No___
- Have you ever been sued for violation of a confidentiality agreement or non-competition agreement by a former employer? Yes___ No___
- Do your patients ever fit themselves from stock eyes in your office? Yes___ No___
- Do you send selections of eyes to the patient for self-fitting? Yes___ No___
- Do you send away for a prosthesis from a supplier of artificial eyes? Yes___ No___
- Do you refer suspected pathological problems to an ophthalmologist? Yes___ No___

Number of years you have made artificial eyes:_____ Number of years you have fit artificial eyes_____

Types of eye prosthetics you make: Plastic___ Glass___ Both___

Types of eye prosthetics you fit: Plastic___ Glass___ Both___

EDUCATIONAL BACKGROUND

Verification of your most recent education (transcript, diploma, or equivalency) must be attached.

Name of Institution	Years Attended	Date of Graduation	Degrees Rec'd
High School_____	_____	_____	_____
College_____	_____	_____	_____
University_____	_____	_____	_____
Other_____	_____	_____	_____

WORK EXPERIENCE

List your most recent place of employment.

Business Name	Business Address	Type of Work Performed	Dates
1)_____	_____	_____	_____
2)_____	_____	_____	_____
3)_____	_____	_____	_____
4)_____	_____	_____	_____

Substantiation of an applicant's employment and experience is the responsibility of the applicant and will be verified by the Society's Admission Committee.

BACKGROUND INFORMATION

Have you trained in the fitting and fabrication of ophthalmic prosthetics? Yes____ No____
Supply dates for the time of training_____ With Whom? _____

Check which method of training you received. (You may check more than one box)
Impression Technique_____ Modified Stock_____ Stock Fitting_____ Emperical_____ Other_____
Describe the training you had _____

- How much of your average work week do you devote to:
- a) Actual fitting and fabricating of custom ocular prosthetics (artificial eyes & scleral shells) _____ hrs/wk.
 - b) Duties (non-secretarial) directly related to fitting and fabricating ocular prosthetics _____ hrs/wk
 - c) Secretarial duties related to an ocularist's practice _____ hrs/wk
 - d) Fitting of stock eye prosthesis _____ hrs/wk
 - e) Fitting and fabricating contact lenses _____ hrs/wk
 - f) Fitting and fabricating maxillofacial prostheses _____ hrs/wk
 - g) Fitting and fabricating spectacles _____ hrs/wk
 - h) Duties (non-secretarial) directly related to d), e), f), and g) _____ hrs/wk
 - i) Secretarial / office duties directly related to c), d), f) and g) _____ hrs/wk

 - j) Describe other duties and how much time you spend on them:
_____ hrs/wk
_____ hrs/wk
_____ hrs/wk
_____ hrs/wk
_____ hrs/wk

 - k) Do you use an outside lab/facility for the artwork and fabrication of your prosthetic? _____ Yes _____ No

Total: _____ hrs/wk

HONORS, AWARDS, HOBBIES, INTERESTS, ETC.

Please indicate your hobbies, special interests, or any other information you feel is pertinent to your educational profile:

PLEASE READ AND SIGN

I have read the Bylaws and Rules set forth by the American Society of Ocularists (ASO) and understand that if I am accepted as a member I will be expected to abide by these rules and that my membership is conditional upon that compliance. I agree that I will participate in the Educational Program and seek a diploma and board approval.

I also agree that during my first two years of membership I will attend three out of four ASO meetings. After the first two years, I understand that I am not required to attend every meeting, but must continue to acquire a minimum of 94 credits every two years, for a total of 750 credit hours within ten years. I understand that I may graduate from the program no sooner than eight years and no longer than ten years. I also understand that if I do not obtain the necessary credits within the specified time period I will be advised that I am no longer active in the program and therefore not meeting the requirements of an Associate.

I understand that all submitted materials become the property of the ASO. I also understand that any false or misleading information in this application will be grounds for expulsion from membership or rejection of this application. I authorize the ASO to make confidential investigation of my qualifications for membership and waive any claim of liability against anyone who provides information to the ASO regarding me in good faith.

I agree to appear in person, if so requested, before the Admissions Committee, the Grievance Committee, and/or the Board of Directors of the ASO on reasonable notice at such place where the committee or board meets in connection with my membership and this application for membership.

I understand that the ASO does not discriminate on the basis of age, sex, race, religion, sexual orientation or nationality. I have enclosed \$250 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.

Dated this _____ day of _____, 20____ at _____

Your Name _____ Your Signature _____

Subscribed and sworn to by _____ before me this _____ day of 20_____.



Notary Public

Notary Name

Commission Expires _____

County and State Province of Residence _____