

# International Academy of Ocularistry Application Form

Member Application (Please print clearly)

Date of application:

Have you been a member of the IAO before? Yes / No

If Yes, IAO Member ID (If known)

## PERSONAL INFORMATION

Family / Surname:

First Name:

Middle initial:

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Gender: Male Female

Practice Name:

Address line 1

Address line 2

City

State/Province:

Zip Code

Country

Office phone number

Cellphone number

Home phone number

### **Other Locations (optional)**

Practice Name:

Address line 1

Address line 2

City

State/Province:

Zip Code

Country

Phone Number:

Primary e-mail (Required) :

(Will be used to log in and retrieve passwords. Cannot match any other user's primary e-mail)

Communication e-mail (Optional) :

(Academy communications will go to primary e-mail unless this field is completed) (Optional)

### **EDUCATION**

University Degree:

Completion date:

University / School:

City, State and country

*Note: official transcript or copy of diploma must be included*

School Name:

Completion date:

Degree:

- ONLY FOR PATHWAY A -

**BOARD CERTIFICATION**

Certifying Agency

City, State, and Country

Type of  
certification

Certification Date: \_\_\_ / \_\_\_ /

Expiration Date: / /

\*Please note that a copy of the certificate must accompany the application

**ONLY FOR Pathway B,**

**Note: Non US or Canadian residents.**

15 years of experience with 3 supporting letters from ophthalmologists.

Bachelor's degree or equivalent

The applicant must attend at least 2 out of 3 IAO meetings prior to submitting an application for membership. Once a member, to maintain membership, the member must attend 2 out of 3 IAO meetings.

**References**

Practicing Ocularists, must provide the names of three ophthalmologists at least two of whom are oculoplastic surgeons to support your application. All references given by the applicant may be contacted in writing by the academy to request a reference.

**Reference name 1:**

Address:

Address 2:

e-mail:

City:

State/Province/District Postal Code:

Country:

**Reference name 2:**

Address:

Address 2:

e-mail:

City:

State/Province/District Postal Code:

Country:

**Reference name 3:**

Address:

Address 2:

e-mail:

City:

State/Province/District Postal Code:

Country:

**OCULARISTRY TRAINING PROGRAM**  
**(For Members in Training Application only)**

If you are currently in a full-time ocularistry training program, you must provide the name and signature from your program director and submit a verification letter and transcript. Beginning and end dates of training must be included in the letter. Admission in the Member in Training Program does not guarantee later admission as a member.

Program Director Name:

Organization:

Signature of Program Director:

### Practice Restrictions

Have you been convicted of a felony?

Yes No

Have you ever had hospital privileges denied, revoked, conditioned, suspended, limited, qualified, or subject to the terms of probation or restricted?

Yes No

Have you voluntarily surrendered your hospital privileges?

Yes No

If yes to any questions above, please explain fully and attach with your application.

### Definitions

A Member in Training is a person with a university degree who is training as an ophthalmologist in an approved program.

University Degree is a minimum four-year course of study leading to a degree being conferred by an accredited academic institution of higher learning.

### International Academy of Ocularist Mission

**Mission Statement :** To establish and improve the base of academic knowledge in the field of ocular prosthetics, and to promote innovation in the field in order to improve the care of patients with ocular prosthetics.

**Vision Statement:** Rigorous evidence based scholarly research that improves the life of ocular prosthetic patients.

**Return your completed application to:** International

Academy of Ocularist Admissions Care of Maureen

Maloney Schou

4500 Kruse Way, Suite 300

Lake Oswego, OR 97035

You may fax your completed application to: (503)-

675-1323

Or email your completed application to:

[Moseyes@gmail.com](mailto:Moseyes@gmail.com)

The IAO does not recommend emailing applications with banking and or credit information.

### Application Fees

\$200.00 For either Pathway A or B

Payment Link:

<https://www.academyofocularist.org/event-3777607>

Members in Training \$0.00 Fee is waived

*\* Fee covers membership from application date through June 30.*

*\* Application fees are not refundable.*

**Statement**

By submitting this application for IAO membership, I agree 1) all information submitted on or in support of this application is true, accurate and complete; 2) to comply with the IAO's Code of Ethics and 3) to abide by its Bylaws. I understand 1) my application is subject to verification by the IAO and release the IAO from any claims, damages or liabilities related to or arising from the verification process; 2) my membership must be recommended by the Board of Trustees; and 3) the IAO may revoke my membership.

Us applicants: All Applications must be notarized. For non- US residents, include a color copy of the photo page of a valid passport.

(Please sign in the presence of the notary)

Signature:

Signature Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YYYY

\*Please include a passport size photo with this application. This photo may be used on the website.

**Notary**

Non US residents, include color copy of the photo page of a valid passport.

BEFORE ME: the undersigned notary public, personally appeared

Who currently resides at

Applicants signature:

\_\_\_\_\_

Date

\_\_\_\_\_

**Notary's Acknowledgement**

On this \_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_the foregoing was signed and acknowledged before me by the following person, known or proven to me to be the person whose name is subscribed to within the document.

WITNESS my hand and official seal.

Print:

[Affix seal]

Sign:

My commission expires: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Application Check List

Dear Applicant,

Please make sure you have included all requested copies with your application.

- o Official transcript OR copy of diploma
- o Copy of Board Certification (such as NEBO) – only for pathway A -
- o Application fee. - Payment link available from the Members Section.-
- o Passport sized (2x2) photo, photo may be black and white or color.
- o US applicants: All Applications must be notarized. For non- US residents, include a color copy of the photo page of a valid passport.

Failure to provide any of the above required items will delay your processing.