International Academy of Ocularistry

Application Deadline: June31

Member Application (Please print clearly)

Date of Application: _____

PREVIOUS MEMBERSHIP

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

PRIMARY MAILING ADDRESS

Primary Address for All IAO Mailing:

Practice Name:

Street Address:

Street Address:

City:

State/Province/District Postal Code:

Country:

Other Location (Optional):

Practice Name:

Street Address:

Street Address:

City:

State/Province/District Postal Code:

Country:

CONTACT INFORMATION

Office Number:

Fax Number:

Home Number:

Cell/Mobile:

EMAIL

Primary Email: @

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

Communication Email: @

(Academy communications will go to Primary Email unless this field is completed.) (Optional)

EDUCATION

University Degree (Required)

University/School Name

City, State, and Country

Degree _____

Completion: _____ /_____ /_____

MM DD YYYY

Graduate School

University/School Name

City, State, and Country

Degree _____

Completion: _____ /_____ /_____

MM DD YYYY

*official transcript must be included

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

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:

Professional Information

Are you certified by any other certifying agencies?

Other ocularistry certification

_____ /_____

MM YYYY

Licensure (date and jurisdiction)

_____/_____

*Please note that a copy of the certificate must accompany application if applicable.

References

If you are a practicing ocularist, you 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 will be contacted in writing by the academy to request a reference.

Reference name 1:

Address:

Address 2:

City:

State/Province/District Postal Code:

Country:

Reference name 2:

Address:

Address 2:

City:

State/Province/District Postal Code:

Country:

Reference name 3:

Address:

Address 2:

City:

State/Province/District Postal Code:

Country:

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.

International Academy of Ocularistry

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 prosthetics patients.*

Definitions

An Active Member is an ocularist who is board certified and practicing ocularistry full time (40hrs/ week

A Member in Training is a person with a university degree who is training as an ocularist 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.

Return your completed application to:

International Academy of Ocularistry 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:

contact@academyofocularistry.org

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

Application Fees

Active Member $200 (USD)

Member in Training $0 Waived

* Fee covers membership from application date through June 30.

* Application fees are not refundable.

Payment Information

After your application has been received, you will receive an email with payment instructions.

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 approved by election of the IAO voting membership; and 3) the IAO may revoke my membership.

All Applications must be notarized.

(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

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: _____/_____/_____