



International Academy of Ocularistry

Member Application (Please print clearly)

Date of Application: MM _____ DD _____ YYYY _____

PERSONAL INFORMATION

Family/Surname: _____ First: _____ MI: _____

Date of birth: MM _____ DD _____ YYYY _____

Gender: M F (circle one)

PRIMARY MAILING ADDRESS Primary Address for ALL IAO mailing

Practice Name: _____

Street Address: _____

City/State/Province/Postal Code/Country

Office Phone Number: _____ Fax Number: _____

Cell/Mobile: _____ Home Number: _____

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

EMAIL _____ @ _____

All Academy Communications will go to this email address.

DEFINITIONS

An **ACTIVE MEMBER** is a member who has met required standards as spelled out by the IAO Admissions and is in good standing. (See Three Pillars of Admission)

A **MEMBER IN TRAINING** is a person with a university degree who is training as an ocularist. A

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

PLEASE INDICATE WHICH CATEGORY OF MEMBERSHIP YOU ARE APPLYING FOR:

Active Member _____ Member in Training _____

International Academy of Ocularistry Admission Standards

The International Academy of Ocularistry (IAO) was established on the principles of advancing professionalism through higher education, evidence-based practices, and research. To achieve this level of professionalism it is necessary certain criteria must be met by its membership. Three pillars have been established to support the admissions/membership criteria. The three pillars consist of three types of qualifications. Education, Experience and Certifications. A total of ten points must be accumulated from at least two of the three pillars. Below is a list of allowed points in each of the addition pillars.

Pillar I: Education

Associate's degree; **3pts.**

Bachelor's degree; **5pts.**

Master's degree; **6pts.**

Doctorate; **7pts.**

M.D., O.D., D.O.; **8pts.**

NOTE: An international diploma equivalency will have appropriate points awarded based on years of study.

Pillar II: Certifications

National Examining Board of Ocularist; **5pts.**

American Society of Ocularist Diploma; **2pts.**

Anaplastology Certification (CCA); **3pts.**

NOTE: Any Ocularistry certification equivalency will have appropriate points awarded after reviewed and approved by Membership Committee.

Pillar III: Experience

*14,400 hours as practicing Ocularist; **5pts.**

21,600 hours as practicing Ocularist; **6pts.**

28,800 hours as practicing Ocularist; **7pts.**

Practicing Anaplastologist with at least 7,200 hours of Ocularistry; **2pts.**

Additional Points

Applicants may submit pertinent materials for consideration by the Membership Committee for additional application points; i.e. Articles, presentations and experiences related to the field of Ocularistry.

All applications are reviewed and scored by the Membership Committee. Any application denied may be subject to appeal with the IAO Board of Trustees.

*30 hours/week for 48 weeks (1440hrs)is equated to 1 year.

EDUCATION COPY OF DIPLOMA OR TRANSCRIPT MUST BE INCLUDED

University Degree (Required) University/School Name _____

City, State, Country _____

Degree: _____ Completion: _____

Graduate School Name: _____

City, State, Country _____

Degree: _____ Completion: _____

OR

Documentation totaling 10 points from two of the three Pillars described in detail on page 2.

BOARD CERTIFICATION COPY OF CERTIFICATION MUST BE INCLUDED

Certifying Agency: _____

City, State, and Country: _____

Type of certification: _____

Certification date: _____ Expiration Date: _____

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/sponsor and submit a verification letter. Beginning and expected end dates must be included in the letter. Admission in the Member in Training Program does not guarantee later admission as a member.

Program Director/Sponsor Name: _____

Organization: _____

Signature of Director/Sponsor _____

PROFESSIONAL INFORMATION

Are you certified and or licensed by any other agencies? If yes, please include a copy of Certification or Licensure.

REFERENCES

If you are a practicing ocularist applying for **Active Membership**, 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 may be contacted by the academy to request a reference.

Reference Name 1: _____

Address: _____

City/State/Province/Postal Code/Country:

Reference Name 2: _____

Address: _____

City/State/Province/Postal Code/Country:

Reference Name 3: _____

Address: _____

City/State/Province/Postal Code/Country:

Have you been convicted of a felony? Please circle Yes No

Have you ever had hospital privileges denied, revoked, conditioned, suspended, limited, qualified, or subject to the terms of probation or restricted? Please circle Yes No

Have you voluntarily surrendered your hospital privileges? Please circle Yes No

IF YES TO ANY QUESTIONS ABOVE, PLEASE FULLY EXPLAIN AND ATTACH WITH YOUR APPLICATION

By submitting this application for IAO membership, I agree- 1) all information submitted on or in support of the application is true, accurate and complete; 2) to comply with IAO's Code of Ethics and 3) to abide by its Bylaws. I understand my application is subject to verification by the IAO.

NOTARY:

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

For US residents, you must have your application notarized.

Please sign in the presence of a notary-

Applicant's signature: _____

Signature date: ____/____/____ MM/DD/YYYY

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

Signed _____

[Affix seal]

My commission expires ____/____/____

Application Fees:

Active Member- \$200.00 USD

Member in Training- Waived

Fee covers membership from application date through June 30th.

Application fees are non-refundable.

Payment Information

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

RETURN YOUR COMPLETED APPLICATION TO :

Maureen Maloney-Schou, IAO Admissions Chair

4500 Kruse Way, Suite 300

Lake Oswego, OR., 97035

USA

OR You may scan and send in a PDF to Moseyes@gmail.com

OR you may fax to 503-675-1323.

Dear Applicant,

Please make sure you have included all requested copies with your application. Failure to do so will result in a delay in processing.

Official transcript OR copy of diploma (s).

Copy of Board Certification (such as NEBO or other certifying body)

Passport sized (2x2) photo, may be black and white or color.

US Applicants, ***ALL*** applications must be notarized. For Non-US Applicants, include a color copy of the photo page of a valid passport.

Documentation that supports compliance in two of the three pillars as well as any additional application points, i.e. Articles authored or co-authored, presentations, and/or experiences related to the field of Ocularistry.

If the applicant has any questions please contact Maureen Maloney-Schou at Moseyes@gmail.com. And please be sure to list IAO in the subject line.

Form revised 01-2024