



National Examining Board of Ocularists

2050 Keokuk St., NEBO Suite, Iowa City, IA 52240

Telephone (319) 339-1125

Fax (319) 337-5445

E-mail: nebo@neboboard.org

<http://www.neboboard.org>

«Cert_year»-«Cert_ID»-«CertRecert»
«Firstname» «Lastname», «Degree»
«Firm»
«BStreet» «BStreet1»
«BCity», «BState», «BZip»

Dear «Firstname» «Lastname»,

Our records indicate you must Register during this year before your certificate expires.

How to complete registration:

1) Submit **50 NEBO Approved Current Continuing Education Credits**

(list only; do not have to send credit slips or ASO Transcript).

2) **Submit \$300.00 Registration fee.** (credit card preferred. + 300 late fee if applicable)

If using a credit card, these pages can be faxed to 319-337-5445

List 50 credits, only NEBO approved credits, which you have earned in the past 4 years

Keep your credit slips safely filed in your possession. Under the current procedure, a number of applications will be selected at random for audit. In the event your application is one of those selected, then will you be required to submit your credit slips or ASO transcript. You will also need your credit slips when applying for Recertification in 3 years.

Please complete the enclosed Registration form and mail application and Registration Fee by **December 31, 2018** or a \$300.00 late fee will be charged.

Expiration of Certificate

You will lose your privileges and will no longer be Board Certified. You will not be reissued a certificate and your name will not be listed in the National Registry. When your Certificate expires as a result of your failure to **Register/Re-certify**, you must remove any mention implied or written of NEBO Board Certification (BCO) in any form [3rd party payers (insurance, Medicare, etc.), telephone advertising, website, literature, stationary, slides, books, printed advertisements, etc.] as soon as possible. Failure to comply may result in legal action due to misrepresentation of qualifications to both professional and public concerns.

Sincerely,

Daniel E. Yeager

Executive Director NEBO

***Pages 2&3 must be completed and returned (fax or mail)
with the application for it to be accepted.***



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Registration Form

Name: _____

Certificate # _____

(as your name will appear on your certificate and other publications-if different, update on next page)

(ID Number found on Certificate)

List below or include ASO transcripts. 50 credits: NEBO approved credits which you have earned in the past 4 years. Attach second sheet if needed.

	Date of Course	Course Name	Course Number	List A, B or C Category	Number of Credits		NEBO USE ONLY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Total _____
 Required Credits _____
 Excess Credits _____
 Credit Refund _____ Audited _____

Reviewed by _____ Date _____

I affirm that the above information is accurately presented.

Applicant Signature _____ Date _____

Send check to the address above or a Credit Card can be used.
 If you use a credit card, pages can be faxed (319) 337-5445

Type of card VISA/MasterCard _____ Registration \$300.00

Name on card _____ Late Fee (if needed) \$300.00

Card number _____ Date Expire _____ Security code _____

Signature _____ Amount \$ _____ U.S.Dollars

Change of Information Form

Check Box if information has changed

Check Box if no change

As your name will appear on your certificate and other publications-if different, please update with the Executive Director				
INFORMATION	CURRENT INFORMATION	PUBLISH in REGISTRY	PUBLISH in WEB	CHANGES/UPDATE
First Middle Last		YES	YES	
ID #		YES	YES	XXXXXXXX
Current Picture		YES		If we do not have a digital picture, please email one
Firm/Business Name		YES		
Address 1		YES		
Address 2		YES		
City, State, Zip or Province, Country, Zip		YES		
Business Telephone		YES		
Business Fax				
Internet Address				
E-Mail Address				
Home Office State/Province				
2nd Office Location State/Province				
3rd Office State/Province				
BELOW NOT PUBLISHED	BELOW WILL NOT BE PUBLISHED			BELOW WILL NOT BE PUBLISHED
Home Address		NO	NO	
Home City, State, ZIP		NO	NO	
Home Telephone		NO	NO	
Spouse Name		NO	NO	
ASO Member ID		NO	NO	
Last Recertify		NO	NO	XXXXXXXX
Last Register		NO	NO	XXXXXXXX
Next Recertify		NO	NO	XXXXXXXX
Next Register		NO	NO	XXXXXXXX