



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>

How to complete Recertification:

PROCESS I:

- Submit proof of earning **100 CE** credits (80 A and/or B, 20 A, B and/or C),
- **Pay** a \$450.00 fee, (+300 late fee if applicable)
- **Pass** the Recertification Examination
- **Return Application by Aug. 17, 2017 to avoid late fee.**
- Exam Date : Nov. 14, 2017, 1 pm until 5 pm

-OR-

PROCESS II:

- * Submit proof of earning **300 CE** credits (240 A and/or B, 60 A, B and/or C),
- * **Pay** a \$450.00 fee,
- * No Recertification Examination.
- * **Return** application by April 1, 2018 to avoid late fee
- * **If** wanting to include credits from the ASO Spring Meeting, a late fee will apply.

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,

Dan Yeager, Executive Director

**Page 3&4 must be completed and returned (fax or mail)
with the application for it to be accepted**



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INSTRUCTIONS FOR RECERTIFICATION

To apply for either Recertification process, use the credit listing form enclosed and complete as follows:

1. **Verify your name (as you want it to be printed on your certificate)** address and your certificate number on page 4.

2. Indicate which process you intend to use to Recertify:

Process I: List **100 Continuing Education credits** that you have earned within the last 7 years.

(A minimum of 80 must be Category A and/or B credits.)

Attach a copy of your updated ASO transcript and write "See Attached" to the form.

If credits are approved, you will then be eligible to take the Recertification Examination.

OR

Process II: List **300 Continuing Education credits** that you have earned within the last 7 years.

(A minimum of 240 must be Category A and/or B credits.)

Attach a copy of your updated ASO transcript and write "See Attached" to the form. If you need additional lines, please make a copy of the form.

If credits are approved, you will be exempt from taking the Recertification Examination. Process II applications are due by April 1, 2018. A \$300.00 late fee will be added to Process II applications after April 1, 2018.

3. Enclose the amount of **\$450.00** (US Currency) for the Recertification Examination and Processing Fees.
Use of Credit Card available (Mastercard/Visa).

4. For Process I, mail the application and fees on or before **August 17, 2017** to Dan Yeager, Executive Director, at the above address. Process I must be registered for the examination by August 17, or there will be a \$300.00 late fee added, applications received within 30 days of the exam will not be processed.

5. Process I applications are audited. Approved applicants will receive notice of examination date and location. The Recertification Examination will be on November 14, 2017. New Certificates will be awarded when all Recertification requirements are fulfilled.

6. Process II applications are audited. Approved applicants will receive notice within 60 days. A new Certificate will be awarded before your present Certificate expires.

7. Credits accumulated between June 1, 2011 and May 31, 2018 are eligible for submission. Credits submitted which are in excess of the required number will be refunded.

8. Pages 3 & 4 of this application must filled out and included for this application to be accepted.

Recertification - It has been determined that changes in the Ocularist profession result in the need for recertification every six years. In the past these changes have included but are not limited to curing techniques, surgical procedures, surgical implant materials and motility devices, record keeping and universal protection procedures. The purpose of Recertification helps to ensure that Ocularists are up to date in their field.



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Recertification Credit 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)

Please indicate either method: Process I () or Process II ()

List below only NEBO approved credits that you have earned in the past seven (7) years or attach a copy of your ASO transcript and write "See Attached" to the form..

	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 _____

I affirm that the above information is accurately presented.

Reviewed by _____ Date _____

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 _____ Recertification \$450.00

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 Name to be printed on certificate		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 Location State/Province				
BELOW NOT PUBLISHED	BELOW WILL NOT BE PUBLISHED			BELOW WILL NOT BE PUBLISHED –please update
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