



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>

«Firstname» «Lastname», «Degree»

«Firm»

«BStreet», «BStreet1»

«BCity», «BState», «BZip»

Dear «Firstname» «Lastname»,

The National Examining Board of Ocularists requires Recertification every six years. Our records indicate that **your Certificate will expire in June 1, 2019. You must complete Recertification by Process I or Process II prior to expiration** to maintain your NEBO Certification. You must choose either Process I or Process II. Keeping in mind the deadline for process I is July 31, 2018. If you fail the exam in Process I you will have to retake the exam again as an "Offsite" candidate in order to keep your certification before it expires on June 1, 2019. You may not switch to Process II after you have chosen process I and vice versa. If you choose process II you have until April 1, 2019 to acquire the needed 300 credits without additional late fees but may submit the required credits until 12 pm May 31, 2019 with late fee penalty. If you fail to acquire the needed credits by the expiration date you will lose your certification and will be required to retake the entire exam again. Eligible credits must have been accumulated between June 1, 2012 and May 31, 2019.

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 July 31, 2018 to avoid late fee.**
- Exam Date: Oct. 30, 2018, 1 pm until 5 pm

-OR-

PROCESS II:

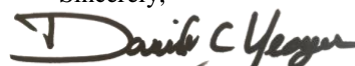
- * Submit proof of earning **300 CE** credits (240 A and/or B, 60 A, B and/or C),
- * **Pay** a \$450.00 fee, , (+300 late fee if applicable)
- * No Recertification Examination.
- * **Return Application by April 1, 2019 to avoid late fee**

The **Certification Examination will be Tuesday October 30, 2018** in Chicago, Illinois. If you cannot attend the scheduled exam you can personally schedule an offsite examination for Recertification for a total cost \$1950.00, ie, \$1300.00 for offsite exam, \$450.00 for Recertification and \$200.00 late fee. Canada fee different, add \$300.00.

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 written or implied mention 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



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>

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, 2019. A \$300.00 late fee will be added to Process II applications after April 1, 2019.

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 **July 31, 2018** to Dan Yeager, Executive Director, at the above address. Process I must be registered for the examination by July 31, 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 October 30, 2018. 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 must be accumulated between June 1, 2012 and May 31, 2019. Credits submitted that are in excess of the required number will be refunded.

8. Pages 3 & 4 of this application must be 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.



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>

Recertification Credit Form

Name: _____

Certificate # _____

(as your name will appear on your certificate and other publications)

(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 _____

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 _____ 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 |