

**NATIONAL EXAMINING BOARD OF OCULARISTS
2018 CERTIFICATION EXAMINATION APPLICATION**

2018 Examination - Tuesday, October 30, 2018 - 1:00 PM to 5:00 PM

Exam Location: Chicago, Illinois

Administered and processed by CASTLE Worldwide, Inc. of Morrisville, NC.

This application must be returned (postmarked) no later than Tuesday, July 31, 2018 to:

National Examining Board of Ocularists

2050 Keokuk St., NEBO Suite

Iowa City, IA 52240

(319) 339-1125 Fax: (319) 337-5445

Applications postmarked after, July 31, 2018, will be subject to a \$300 late fee. No applications will be processed 30 prior to the exam

The Exam is only available in English. Translators and/or dictionaries are not allowed.

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INSTRUCTIONS

- 1) Read booklet "Reference Guide", 2017 Certification, Registration, and Re-Certification
- 2) Complete pages 2 and 3 of application and sign
- 3) Answer question # 12 or # 13, page 2
If you answer yes, #12, page 2, (alternative I), complete page 4
If you answer yes, #13, page 2, (alternative II), complete page 5 and
complete "EXPERIENCE VERIFICATION FORM" (pages 6 - 11)
- 4) Enclose check/Credit Card information (page 3) to NEBO
- 5) Enclose Two (2) passport type photographs of the applicant in a sealed envelope
- 6) Include a color copy of Government issued photo ID for exam verification.

CHECK LIST BEFORE MAILING

- Completed pages 2 and 3 of application and signed
- Answered question # 12 or # 13, page 2
- If you answered yes, #12, page 2, (alternative I), completed page 4
- If you answered yes, #13, page 2, (alternative II), completed page 5 and
completed "EXPERIENCE VERIFICATION FORM" (pages 6 - 11)
- Enclose Two (2) passport type photographs of the applicant in a sealed envelope
- Enclose one color copy of government issued photo ID
- Enclose check/Credit Card information (page 3) for Examination Fee to NEBO

Please read instructions carefully.

Please print in ink or type...must be completed in its entirety.

NEBO ID# _____
(Applicant leave blank)

1) Name (Print name as it should appear on Certificate)

first middle last

2) Sex M () F () 3) Social Security # ____/____/____

4) Date and _____
Place of Birth month/day/year state province country

5) Telephone business home cell
() - () - () -
FAX # () - () -
Email Address: _____

6) Mailing Address business name number and street city/state/zip

7) Home Address number and street city/state/zip

8) Are you a citizen of the United States? yes () no () If no, country of citizenship: _____

9) High School Education yes () no () Completion Date _____
or Equivalent (G.E.D) yes () no () Completion Date _____

10) Post-Secondary Education yes () no () Completion Date _____
other than ASO approved Name of Institution _____
programs Address _____
Degree _____

11) Professional Education/ Training Have you successfully completed an ASO approved program? yes () no ()
Date of completion of program month ____ day ____ year.
-OR-
Are you a student in an ASO approved program? yes () no ()
Date you will complete the program. month ____ day ____ year _____

12) ALTERNATIVE I:
Have you completed or will you complete an American Society of Ocularists approved education program on or before October 30, 2018 ? YES () NO ()
Date program completed (will be verified through ASO by NEBO)
If YES,.....skip to #14

13) ALTERNATIVE II:
Have you, or will you have, completed ten thousand (10,000) hours (40 hour/week maximum) of Training and Experience. (If training started after January 1, 1983, first 4,000 hours must be supervised training or 14,000 hours of unsupervised experience) in the fitting and fabrication of ocular prosthetics on or before October 30, 2018 ?
YES () NO ()
(IF YES, Please complete the Experience Verification Form, pages 6 - 11 and enclose with your application then continue to #14.)

APPLICATION STATEMENT, SIGNATURE AND DATE

14) Because of functional limitations imposed by disability, special arrangements will be necessary for me to complete the certification examination. Yes () No ()

If yes, please send a current letter from your licensed professional stating your needs as well as other information on separate page and attach to application.

15) I certify that the information supplied in this application is true and accurate to the best of my knowledge. I also acknowledge that the National Examining Board of Ocularists may refuse to accept this application, decline permission to take this examination, invalidate my scores or decline to present a certificate to me if evidence is received regarding false statements that I have made in this application, or in any other form submitted to the National Examining Board of Ocularists. I also acknowledge that I have downloaded and read, in its entirety, the booklet entitled "Resource Guide, Certification, Registration, and Recertification", (2018), of the National Examining Board of Ocularists.

SIGNATURE _____ DATE _____

Application to this examination shall be considered without discrimination as to age, sex, race, religion, sexual orientation, national origin, handicap, or marital status.

<p>Pay by Check to NEBO or Credit Card (MC or VISA)</p> <p>Card Type: MC/Visa _____ US \$ _____ .00</p> <p>Card Number: _____</p> <p>Name on Card: _____</p> <p>Expiration Date: _____</p> <p>Security Number on back: _____</p> <p>Signature: _____</p> <p>Credit Card use is our preference</p>

FEEES:	
Written:	\$500.00
Fabrication:	<u>\$700.00</u>
Total	\$1200.00

- 1) Application must be postmark on or before **Tuesday, July 31, 2018** (due date).
- 2) Applications postmarked after **Tuesday, July 31, 2018**, will be subject to \$300 fee and no applications will be processed 30 days prior to exam date - Sept. 28, 2018.
- 3) A processing fee of \$300.00 will be charged for all rejected applications.
- 4) Test score reports may be released to individuals other than authorized NEBO personnel only with written request by the candidate.
- 5) Two (2) passport type photographs of the applicant must be submitted in an envelope with the application for application approval.
- 6) One color copy of government issued photo ID for exam verification.

ALTERNATIVE I APPLICANTS

**EXAMINEE IDENTIFICATION AND VERIFICATION
OF PROFESSIONAL EDUCATION FORM**

NAME _____
Last First Middle

IF YOU ARE A MEMBER OF THE ASO, YOUR ID# _____

IF YOU HAVE COMPLETED THE TRAINING PROGRAM OF THE
American Society of Ocularists, Inc. Date Complete/d _____

THE FOLLOWING INFORMATION WILL BE REQUESTED FROM THE DIRECTOR OF
THE ABOVE APPROVED TRAINING PROGRAM:

ELIGIBILITY AND REGISTRATION FEES

ALTERNATIVE I: Applicants who have completed an education and/or training program by the American Society of Ocularists after November 1, 1980, or will have completed an education and/or training program prior to October 30, 2018.

Examination Fee.....\$1200.00

Enclose Examination Fee (in U.S. funds, Credit Card (page 3), check or money order) payable to the
NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

Applicant's Signature Date

ASO Executive Secretary or Education Chairman Verification Date _____

Date _____ After Approval-ID# _____

**Test scores and certificate will be withheld until the applicant has completed or graduated
from approved training program.**

ALTERNATIVE II APPLICANTS

**EXAMINEE IDENTIFICATION AND VERIFICATION
OF PROFESSIONAL EDUCATION FORM**

NAME _____
Last First Middle

IF MEMBER OF ASO, YOUR ID# _____

Date you will(have) complete(d) requirements _____

ELIGIBILITY AND REGISTRATION FEES

ALTERNATIVE II: Applicants must have a high school diploma or equivalency. The applicant must also have (or will have) completed 10,000 hours (40 hours/week maximum) of training and/or experience in the fitting and fabrication of ophthalmic prostheses (artificial eyes) by September 28, 2018, to be eligible to sit for this examination. THE 10,000 hours must begin with 4,000 hours of supervision by a board certified ocularist. Applicants who have not or are unable to verify such supervision would require an additional 4,000 hours of experience for a total of 14,000 hours.

Examination Fee..... \$1200.00

Enclose Examination Fee (in U.S. funds), Credit Card (page 3), check or money order payable to The NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

Applicant's Signature Date

Email Address: _____

Approved by National Examining Board of Ocularists, Inc. ID# _____

Executive Director Signature or Executive Board Member Date

Test scores and certificate will be withheld until completion of required hours of training and experience.

PLEASE COMPLETE THIS FORM IF YOU HAVE ANSWERED QUESTION # 13,
PAGE 2, "YES" AND YOU ARE APPLYING THROUGH ALTERNATIVE II PATHWAY

EXPERIENCE VERIFICATION FORM
ALTERNATIVE II

Please return with your application to:
Dan Yeager, Executive Director
2050 Keokuk St., NEBO Suite
Iowa City, Iowa 52240
(319) 339-1125 Fax: 319-337-5445

Name of Applicant _____

Telephone _____ Fax _____

Email Address: _____

ALTERNATIVE II: Applicants must have a high school diploma or equivalency. The applicant must also have (or will have) completed 10,000 hours (40 hours/week maximum) of training and/or experience in the fitting and fabrication of ophthalmic prostheses (artificial eyes) by September 28, 2018, to be eligible to sit for this examination. THE 10,000 hours must begin with 4,000 hours of supervision by a board certified ocularist. Applicants who have not or are unable to verify such supervision would require an additional 4,000 hours of experience for a total of 14,000 hours.

Provide written documentation when asked for
****Please attach evidence of the information requested below****

**EXPERIENCE VERIFICATION FORM
ALTERNATIVE II APPLICANTS**

1) Do you engage in the fitting of ophthalmic prosthetics (artificial eyes)?

Yes () No ()

2) Do you personally fabricate ophthalmic prosthetics in your laboratory?
(This refers to the total fabrication process, not modification of prefabricated prostheses.)

Yes () No ()

3) How many hours (total) have you been engaged in both the fitting and fabrication of ophthalmic prosthetics?

****Please attach evidence of the information requested below****

_____ hours

4) What amount of your (average 40 hour) work week do you fit and fabricate ophthalmic prosthetics?

_____ hours _____% of average work week

5) When did you begin your experience in the fitting and fabrication of ophthalmic prosthetics?

****Please attach evidence of the information requested below****

month day year (Please attach "PROOF" of this date)

6) Where did you begin your experience in the fitting and fabrication of Ophthalmic prosthetics?

****Please attach evidence of the information requested below****

Name _____

Address _____

City/State/Zip _____

Phone (____) - _____ EMAIL _____

Experience time from _____ to _____
month day year month day year

**Experience Verification Form
for Alternative II Applicants**

****Please attach evidence of the information requested below for all locations****

7) Where do you presently practice the fitting and fabrication of ophthalmic prosthetics?

Name _____

Address _____

City/State/Zip _____

Phone (____) - _____

Experience time from _____ to _____
month day year month day year

****Please attach evidence of the information requested below for all locations****

8) List other locations where you have accumulated experience time in both the fitting and fabrication of ophthalmic prosthetics.

A) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____ Email _____

Experience time from _____ to _____
month day year month day year

B) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____ EMAIL _____

Experience time from _____ to _____
month day year month day year

C) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____ EMAIL _____

Experience time from _____ to _____
month day year month day year

**Experience Verification Form
for Alternative II Applicants**

9) Have you received supervision from anyone during the accumulation of your experience time?

Yes () No ()

****Please attach evidence of the information requested below for all locations.****

10) If the answer to Number 9 is yes, list name, address and phone number of supervisor(s).

A) Name _____
Address _____
City/State/Zip _____
Phone (_____) - _____ EMAIL _____
Experience time from: _____ to _____
month day year month day year

B) Name _____
Address _____
City/State/Zip _____
Phone (_____) - _____ EMAIL _____
Experience time from: _____ to _____
month day year month day year

C) Name _____
Address _____
City/State/Zip _____
Phone (_____) - _____ EMAIL _____
Experience time from: _____ to _____
month day year month day year

11) Was your supervisor a certified ocularist ?

Yes () No ()

**Experience Verification Form
for Alternative II Applicants**

- 12) List five (5) ophthalmologists who are familiar with your work experience in the fitting and fabrication of ophthalmic prosthetics (whose patients you have serviced and can verify your experience time).

This form may be copied and used as the mailing label

A) Phone () - EMAIL _____

Name _____

Address _____

City/State/Zip _____

B) Phone () - EMAIL _____

Name _____

Address _____

City/State/Zip _____

C) Phone () - EMAIL _____

Name _____

Address _____

City/State/Zip _____

D) Phone () - EMAIL _____

Name _____

Address _____

City/State/Zip _____

E) Phone () - EMAIL _____

Name _____

Address _____

City/State/Zip _____

**Experience Verification Form
for Alternative II Applicants**

13) List the names of NEBO Certified Ocularists who are familiar with your work experience in the fitting and fabrication of ophthalmic prosthetics.

A) Name _____
Address _____
City/State/Zip _____
Phone () - EMAIL _____

B) Name _____
Address _____
City/State/Zip _____
Phone () - EMAIL _____

C) Name _____
Address _____
City/State/Zip _____
Phone () - EMAIL _____

I certify that all of the above information is correct. I also understand that the National Examining Board of Ocularists will verify this information. I grant NEBO permission to contact any sources listed in the application and authorize the release of any personal information NEBO requests. Inaccuracies in the 'Verification Form' replies for #1 through #8 may result in rejection of this application and forfeiture of application fee and/or withholding of certification.

Signed _____ Date _____

Whitness _____