

# THE AMERICAN SOCIETY OF OCULARISTS



## COLLEGE OF OCULARISTRY INTERN PROGRAM

Name \_\_\_\_\_

### INTERN (Supervised) Application

The American Society of Ocularists (ASO) welcomes qualified applicants to apply to the College of Ocularistry (COO). It does not discriminate based on age, sex, race, sexual orientation, religion or national origin. To be eligible to enroll in the Intern Ocularist Program of the College of Ocularistry, all persons must be at least eighteen (18) years of age, have a high school diploma or equivalent and satisfy all other requirements as set forth by the American Society of Ocularists.

### INTERN (Supervised) ELIGIBILITY and COMMITMENT

All Interns are students of the College of Ocularistry. The supervised Intern must devote 100% of his/her normal working hours to training and practicing as an Ocularist under the direct supervision of an ASO Board Approved Diplomate Ocularist (BADO). The Intern must be enrolled and actively participating in the College of Ocularistry Intern Program in pursuit of the COO diploma. Upon acceptance by the Board of Directors of the American Society of Ocularists the Intern will be enrolled in the College of Ocularistry. The Intern must attend two (2) out of the first four (4) ASO/COO education conferences and successfully complete one hundred and fifty (150) COO education credits per year. After the first two years, the Intern is not required to attend every meeting, but must continue to attend regularly. A total of seven hundred and fifty (750) COO education credits are required to graduate. The Intern cannot graduate from the program in less than five (5) years and no longer than seven (7) years. It is the responsibility of the Intern to attend the conferences on a regular basis to ensure these requirements are met. Interns who do not meet these requirements will be advised that they are not active in the program and will no longer be permitted to remain in the program. Ten thousand (10,000) hours of training are required to graduate. At forty hours (40) per week, two thousand (2000) *verifiable hours* are required each year, with graduation in 5 years. At 35 hours per week, sixteen hundred (1600) *verifiable hours* are required each year, with graduation in 6 years. It is the responsibility of both the Intern and the BADO supervisor to advise the College of Ocularistry of any changes which differ from those stated in the Intern's notarized application. Acceptance into the College of Ocularistry Intern Program does not entitle the Intern to membership in the American Society of Ocularists.

**PROCESSING FEES:** A \$500.00 USD application fee is required by the ASO to cover the expenses of processing your application. This fee must accompany the application and is non-refundable. The ASO does not accept currency (either US or foreign) for applications. Payment must be submitted by credit card, regular check (cheque), money order or bank cashier's check (cheque).

**Please note:** This application is valid for one year from the date it is received at the ASO office. Once the application process is completed, applicants must be approved by the American Society of Ocularists Board of Directors before being admitted to the College of Ocularistry.

**Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms cause a delay in the review process and will be returned to the applicant.**

**Before completing this application, please read the Charter of Ocularistry of the American Society of Ocularists (available on-line at [www.ocularist.org](http://www.ocularist.org) ) to ensure you have the qualifications and agree to meet the requirements of internship.**

I hereby apply to the ASO College of Ocularistry Intern Program. I am submitting my qualifications and other pertinent data relating to myself for consideration by the Administration of the College.

Date of Application: \_\_\_\_\_ Date received: \_\_\_\_\_ (Office use only)

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Your Business Practice name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Your Email Address: \_\_\_\_\_ This address must be unique to you, not shared by another Intern or an ASO member. Website: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

My Board Approved Diplomate Ocularist (BADO) Supervisor is: \_\_\_\_\_

BADO Contact Information: \_\_\_\_\_

A confirmation letter from your supervisor must be included with this application. For identification purposes, a photo must be included with this application.

**EDUCATIONAL BACKGROUND** Verification of your most recent education (transcript, diploma or equivalency) must be attached. Please attach a separate page if extra space is required.

Name of Institution	Years Attended	Date of Graduation	Designations/Degrees
High School _____	_____	_____	_____
College _____	_____	_____	_____
University _____	_____	_____	_____
Other _____	_____	_____	_____

Awards and/or Honors you have received: \_\_\_\_\_

Additional Information you feel is pertinent to this application:  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:** List your most recent place of employment first.

Business Name	Business Address	Type of Work Performed	Dates
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

**TELL US ABOUT YOURSELF**

Please tell us about your interests or hobbies. You may add any information you feel is pertinent to your profile.

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Upon acceptance into the College of Ocularistry Intern Program it is recommended that Interns purchase *“Kelley’s Dictionary for Ocularistry”*. This dictionary can be purchased directly from the author Kevin Kelley, BCO, BADO, FASO. For order information: [www.SLPEYE.com](http://www.SLPEYE.com)

**PLEASE READ AND SIGN**

I have read the Charter of Ocularistry set forth by the American Society of Ocularists (ASO). I understand that if I am accepted into the College of Ocularistry Intern Program I will be compliant with the regulations, set forth. I agree that during my first two years from the date of acceptance into the Society, I will attend two (2) out of four (4) ASO conferences. I must verify 1,600 or 2000 training hours per year to a maximum of 10,000 hours (five years/six years) and accumulate 750 College credits within the specified period to graduate from the program no sooner than five years and no longer than seven years. I understand if I am not meeting the requirements as set forth in the Charter, I will not be permitted to remain an Intern in this program. I understand that all submitted materials become property of the American Society of Ocularists. I understand that any false and misleading information in this application will be grounds for expulsion from the College or rejection of this application. I authorize the Administration of the College of Ocularistry to make confidential investigation of any of the statements made within this application. I waive any claim of liability against anyone who provides information to the College regarding me in good faith. I agree to appear in person, if so required, before members of the Administration of the College or the American Society Board of Directors notice at such a place and time where the committee(s) or Board of Directors meets regarding this application. I understand that the Society does not discriminate based on age, sex, sexual orientation, race, religion or nationality. I have enclosed \$500.00 USD non-refundable application fee with this application.

Having read and answered all questions as part of this application, I warrant that the answers to these questions are true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

Your name \_\_\_\_\_

Your signature \_\_\_\_\_

Subscribed and sworn by \_\_\_\_\_ before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Notary Public

\_\_\_\_\_

Notary Name

Commission Expires \_\_\_\_\_

County, State/Province of Residence \_\_\_\_\_

\_\_\_\_\_

Notary Seal