

Society to Advance Opticianry

2309 Sudderth Drive, Ruidoso, New Mexico 88345

www.opthalmicoptician.org/ info@ophthalmicoptician.org

SAO "Visual Assessment Specialist" Course and Certification APPLICATION

By Mail, Fax, or Email Fill out and send in with check or credit card information.

Name* _____ Accreditation Suffix (OO, ABO-AC, ABOM, COT, COMT, CPOT, NCLE-AC) _____

Street Address* _____

City* _____ State* _____ Zip Code* _____

Email * _____

Phone* _____ Fax* _____

State License Numbers (if applicable) _____ / _____

College Attended _____ Degree _____

College Address _____ Date of Degree _____

Please attach a photocopy of your license if applicable, and photocopies of your current certifications with this application.

Check Type of Certification Fees Apply:

SAO "Visual Assessment Specialist" certification course - **Fee** \$199.00

SAO "Visual Assessment Specialist" Certification Renewal – **Fee** TBD

(Referred by* _____)

Method of Payment*: Check enclosed payable to SAO MasterCard Visa AE

Card Number _____ Exp. Date _____ V Code _____

Signature _____

SAO fees are considered tax deductible, as a business expense only.

Email: info@ophthalmicoptician.org

Fax: (575) 315-2248