

# Society to Advance Opticianry

2309 Sudderth Drive, Ruidoso, New Mexico 88345

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## SAO "Visual Assessment Specialist" Course and Certification APPLICATION

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

Name\* \_\_\_\_\_ Accreditation (OO, ABO-AC, ABOM, COT, COMT, CPOT, NCLE-AC, Dual ABO/NCLE) \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Email \* \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax\* \_\_\_\_\_

\*\*\*\*\*

State License Numbers (if applicable) \_\_\_\_\_ / \_\_\_\_\_

College Attended (if applicable) \_\_\_\_\_ Degree \_\_\_\_\_

College Address (if applicable) \_\_\_\_\_ 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  (introductory priced)

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.*

Text Photo: (512 )657-2020 Email: [info@ophthalmicoptician.org](mailto:info@ophthalmicoptician.org) Fax: (575) 315-2248