



National Examining Board of Ocularists

2050 Keokuk St., NEBO Suite
Iowa City, IA 52240
(319) 339-1125 Fax: (319) 337-5445

CERTIFICATION EXAMINATION APPLICATION 2020

(Administered and processed by Scantron Corporation.)

***Due to Covid-19 travel and gathering restrictions...**

EXAM LOCATIONS WILL BE ARRANGED ON AN INDIVIDUAL BASIS

At local Scantron testing location. *

Candidates will have a 30-day window ending on November 17, 2020 to take the exam. Upon application approval Scantron will contact candidate directly to schedule the written exam.

- This application is due (postmarked) no later than Friday, September 18, 2020.
- Applications postmarked after, September 18, 2020, will be subject to a \$350 late fee.
- No applications will be processed after October 16, 2020.

- Upon application approval, candidates will be contacted directly by the Fabrication Chairperson to schedule the proctored Fabrication portion of the exam. NOTE: Please read the "Exam Candidate Handbook" for more on the fabrication timeline and requirements.
- A processing fee of \$300.00 will be charged for all rejected applications.
- Certifications will be held until all time requirements are met for either pathway I or II.
- Test score reports may be released to individuals other than authorized NEBO personnel only with written request by the candidate.
- Certification Exam Fee (Written + Fabrication) = \$1500 US (all written exams will be at "Offsite" individual locations at no additional charge in the US and Canada only)
- The Exam is only available in English. Translators and/or dictionaries are not allowed.

Exam Eligibility Requirements

Pathway I

Complete a NEBO approved education program (ASO Education Program or College of Ocularistry)
Complete 10,000 hours of fitting and fabricating ocular prosthetics under supervision of a BCO in good standing and current.
Applicant must provide documentation showing;

- evidence of start date
- evidence of continued work duration
- evidence of completion of time requirement
- completion of educational program (will be verified)
- Letter from Sponsoring BCO proving compliance

Pathway II

Complete 14,000 hours experience in fitting and fabricating ocular prosthetics.
Applicant must provide documentation showing;

- evidence of start date
- evidence of continued work duration
- evidence of completion of time requirement
- at least 2 (two) referrals from an ophthalmologist/Oculoplastic surgeon
- at least 2 (two) BCOs for referral

All applications must include:

- Two (2) passport type photographs of the applicant and they must be submitted in an envelope with the application for verification and approval.
- One (1) color copy of government issued photo ID (i.e. driver's license/passport) for exam verification submitted with this application.
- Enclose Payment made out to NEBO in either a check, money order or provide Credit card information.

- Types of Evidence may include but are not limited to, time sheets, pay stubs, employment contacts, referral letters, tax returns, etc.

NEBO ID# _____ Accept. Letter Sent: _____
(NEBO OFFICE USE ONLY)

Please read instructions carefully and print clearly.

NAME (full legal Name, printed on certificate)	
Date of Birth	
Social Security Number:	
Cell Phone (NEBO Comm. only)	
Personal Email (NEBO Comm. only)	
Home Address: Street	
City, State, ZIP	
Are you a citizen of the United States?	yes () no () If no, country of citizenship: _____
.....
REGISTRY INFO: Business Name	
Main Business Address	
City, State, Country, Zip	
Business Phone	
Business Fax	
Business Email	
Website	
Additional Office 1: City, State	
Additional Office 2: City, State	

Education Background

High School Education or Equivalent G.E.D.	Yes () No () If yes, Year Graduated: School:
Post- Secondary Education	Name of Institution: Degree: Completion Date:
(Optional)	Name of Institution: Degree: Completion Date:
(Optional)	Name of Institution: Degree: Completion Date:

Ocularistry Related Education

Will you have completed the education program of the American Society of Ocularists or the College of Ocularistry by October 2021?	Yes () No () If yes, Pathway I Eligible Anticipated/Date of Completion: ASO ID #:
Will you have completed 14,000 hours unsupervised training in the fitting and fabricating of ocular prosthetics by October 2021?	Yes () No () If yes, Pathway II eligible. Anticipated Completion Date: Must provide documentation.

Work History

Please list all offices/locations you have worked at, starting with the current employer. Attach additional documentation if more space is needed.

Current Business Name/ Sponsor	
Address	
Contact Phone number	
Dates Employed	

Business Name/ Sponsor	
Address	
Contact Phone number	
Dates Employed	

Business Name/ Sponsor	
Address	
Contact Phone number	
Dates Employed	

APPLICATION STATEMENT, SIGNATURE AND DATE

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

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 medical professional stating your needs as well as other information on separate page and attach to application.)

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 "Exam Candidate Handbook", (2020), of the National Examining Board of Ocularists.

SIGNATURE _____ DATE _____

Enclose Examination Fee (in U.S. funds), check or money order payable to The NATIONAL EXAMINING BOARD OF OCULARISTS, INC. Please contact NEBO via email for payment link at nebo@nebo.org.

Certification Written Exam + Fabrication Exam	\$1500 US Dollars
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Pathway I

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

NAME _____
 First Middle Last ID#:

Pathway I: 2020 Exam applicants are eligible once have completed an education and/or training program by the American Society of Ocularists or the College of Ocularistry after November 1, 1980 or will have completed an education and/or training program prior to October 2021. Starting in January 1, 2021, Pathway I candidates must have Graduate Diploma in possession on day of exam to be eligible.

BY SIGNING, YOU ACKNOWLEDGE THAT ALL OF INFORMATION IS LISTED CORRECTLY AND THIS INFORMATION WILL BE VERIFIED BY NEBO WITH THE DIRECTOR OF THE ABOVE APPROVED TRAINING PROGRAM:

 Applicant's Signature Date

Pathway I applicants this concludes your application. Please include all required documentation, photos, fees and return application to Executive Director:

Daniel Yeager, NEBO
2050 Keokuk St., NEBO Suite
Iowa City, Iowa, 52240

Please contact NEBO directly with any questions, nebo@neboboard.org or 319-339-1125.

Application Check list;

- _____ 1. Complete application
- _____ 2. Include required documentation for eligible pathway I or II
- _____ 3. Include payment or Credit Card payment information
- _____ 4. Include Two (2) passport type photographs
- _____ 5. Include a color copy of Government issued photo ID or passport.
- _____ 6. Sign and attest to the criminal background statement.

NEBO OFFICE USE ONLY	
ASO Executive Secretary/Education Chairman Verification	
Contact Person: _____	Verification Date: _____
Approve: _____	Deny: _____ Date of Graduation/Expected Graduation: _____

**EXPERIENCE VERIFICATION FORM
Pathway II**

Experience History

Do you engage in the fitting of ophthalmic prosthetics (artificial eyes)?	YES NO (Circle Answer)
Do you personally fabricate ophthalmic prosthetics in your laboratory? (This refers to the total fabrication process, not modification of prefabricated prostheses.)	YES NO (Circle Answer)
How many hours (total) have you been engaged in both the fitting and fabrication of ophthalmic prosthetics?	_____ HOURS *Must Provide Evidence of hours
What amount of your (average 40 hour) work week do you fit and fabricate ophthalmic prosthetics?	_____ HOURS _____% of average work week
When did you begin your experience in the fitting and fabrication of ophthalmic prosthetics?	____/____/____. Month Day Year *Must provide evidence of date

Work Location History *Must provide evidence

Where did you begin your experience in the fitting and fabrication of ophthalmic prosthetics?	Business Name: Address: City, State, Zip: Phone: *Work Duration: FROM ____/____/____. to ____/____/____. MM DD YY MM DD YY
Where do you presently practice the fitting and fabrication of ophthalmic prosthetics?	Business Name: Address: City, State, Zip: Phone: *Work Duration: FROM ____/____/____. to ____/____/____. MM DD YY MM DD YY

List other locations where you have accumulated experience time in both the fitting and fabrication of ophthalmic prosthetics. *Must provide evidence for each location listed.

Additional Office/Location*	Business Name: Address: City, State, Zip: Phone: *Work Duration: FROM ____/____/____. to ____/____/____. MM DD YY MM DD YY
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Additional Office/Location*	Business Name: Address: City, State, Zip: Phone: *Work Duration: FROM <u> </u> / <u> </u> / <u> </u> . to <u> </u> / <u> </u> / <u> </u> . MM DD YY MM DD YY
Additional Office/Location*	Business Name: Address: City, State, Zip: Phone: *Work Duration: FROM <u> </u> / <u> </u> / <u> </u> . to <u> </u> / <u> </u> / <u> </u> . MM DD YY MM DD YY
Additional Office/Location*	Business Name: Address: City, State, Zip: Phone: *Work Duration: FROM <u> </u> / <u> </u> / <u> </u> . to <u> </u> / <u> </u> / <u> </u> . MM DD YY MM DD YY

Supervisor History

Have you received supervision from anyone during the accumulation of your experience time?	YES NO (Circle Answer)
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If the answer above is yes, list name, address and phone number of supervisor(s) below:

Supervisor #1	Name: Address: City, State, Zip: Phone: Email: *Work Duration: FROM <u> </u> / <u> </u> / <u> </u> . to <u> </u> / <u> </u> / <u> </u> . MM DD YY MM DD YY NEBO Board Certified? Yes No (Circle answer)
Supervisor #2	Name: Address: City, State, Zip: Phone: Email: *Work Duration: FROM <u> </u> / <u> </u> / <u> </u> . to <u> </u> / <u> </u> / <u> </u> . MM DD YY MM DD YY NEBO Board Certified? Yes No (Circle answer)
Supervisor #3	Name: Address: City, State, Zip: Phone: Email: *Work Duration:

	FROM ____/____/____. to ____/____/____. MM DD YY MM DD YY NEBO Board Certified? Yes No (Circle answer)
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List three (3) **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).

Name	
Address	
City, State, ZIP	
Contact Phone number	
Contact Email Address	
Verification Notes (Leave Blank)	

Name	
Address	
City, State, ZIP	
Contact Phone number	
Contact Email Address	
Verification Notes (Leave Blank)	

Name	
Address	
City, State, ZIP	
Contact Phone number	
Contact Email Address	
Verification Notes (Leave Blank)	

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

Name	
Contact Phone number	
Contact Email Address	
Verification Notes (Leave Blank)	

Name	
Contact Phone number	

Contact Email Address	
Verification Notes (Leave Blank)	

Name	
Contact Phone number	
Contact Email Address	
Verification Notes (Leave Blank)	

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 may result in rejection of this application and forfeiture of application fee and/or withholding of certification.

Signed _____ Date _____

Witness _____

Pathway II applicants this concludes your application. Please include all required documentation, photos, fees and return application to Executive Director:

Daniel Yeager, NEBO
 2050 Keokuk St., NEBO Suite
 Iowa City, Iowa, 52240

Please contact NEBO directly with any questions, nebo@neboboard.org or 319-339-1125.

Application Check list;

- _____ 1. Complete application
- _____ 2. Include required documentation for eligible pathway I or II
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- _____ 4. Include Two (2) passport type photographs
- _____ 5. Include a color copy of Government issued photo ID or passport.
- _____ 6. Sign and attest to the criminal background statement.

NEBO Criminal Background Addendum

AS a Board Certified Ocularist (BCO) our work will involve some level of contact with children or minors and as part of creating a safe environment for patients of all ages, we ask that you provide the information on this form to help us evaluate your suitability to perform in this unique capacity. Your application for Certification or Re-Certification will be considered incomplete and will not be further considered if you fail to provide us with this information. ***This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration of your application or will be sufficient and just cause for termination or revocation of your NEBO Certification regardless of when the misrepresentation or omission is discovered.***

I hereby release, discharge and exonerate National Examining Board of Ocularists, INC. and their agent, employees and representatives from any and all liability, loss, claims and/or damages of every nature and kind arising out of, or in any way related to, this NEBO Criminal Background Addendum, the information contained therein or derived therefrom and the investigation, dissemination or use thereof.

Therefore;

() NO, I HAVE NOT been arrested or convicted of any criminal violations in the last 12 months.

() YES, I HAVE been arrested or convicted of any criminal violations in the last 12 months.

(Please explain if yes on the following lines. Use separate sheet to explain nature of conviction, date, and court.)

Signed _____

Dated _____

Note: The arrest or conviction of a criminal violation is NOT an automatic bar to Certification or Re-Certification. NEBO will consider the nature of any arrest or conviction and the circumstances underlying the affirmative response for the purpose of safely and professionally working with public as a BCO. Pursuant to State and Federal laws if and when your application successfully continues in the application process following initial review by the Executive Committee of NEBO and if you have been selected for an interview, this Addendum will then be included in your application for becoming or maintaining your status as a BCO for review by the NEBO Executive Committee. This will allow you the opportunity to address any responses contained within your Addendum and allow the NEBO Executive Committee to obtain further information on your application and your suitability for performing as a BCO with the public.

NEBO Background Authorization

I authorize the National Examining Board of Ocularists, INC. to check my personal and employment history, including without limitation, evaluations, criminal arrest and conviction records, reference checks, and release of investigatory information possessed by any private or public employer or professional regulatory commission. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the National Examining Board of Ocularists, INC., its agents and officials or any provider of such information.

I, _____ certify that this document is a true, accurate, and full disclosure of my personal and professional background history, and I acknowledge the ramifications if there are misrepresentations or omissions of fact in my responses.

Signed _____

Dated _____