



# Nomination Form

**Dear NEBO Board,**

I nominate \_\_\_\_\_ for the position of

Board Member       Public Member       Other Committee: \_\_\_\_\_

with The National Examining Board of Ocularists.

*The individual meets the following requirements: (check all that apply)*

- Has been a Board Certified Ocularist since \_\_\_\_\_
- Has past experience as a NEBO volunteer/committee member \_\_\_\_\_
- Has knowledge in the process of exam development
- Is not currently serving as a board member and/or educator for any orthotic or prosthetics related organization.
- Has personal or professional experience with artificial eyes, certification practices, or other skills valuable to Ocularistry.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Additional Experience: \_\_\_\_\_

Resume Included

Please complete form and return to:  
NEBO Board, 2050 Keokuk St. NEBO Suite, Iowa City, IA 52240  
or email to [nebo@neboboard.org](mailto:nebo@neboboard.org)