



## National Examining Board of Ocularists

2050 Keokuk St., NEBO Suite, Iowa City, IA 52240

Telephone (319) 339-1125

Fax (319) 337-5445

E-mail: [nebo@neboboard.org](mailto:nebo@neboboard.org)

<http://www.neboboard.org>

### How to complete registration:

1) Submit **50 NEBO Approved Current Continuing Education Credits**  
(list only; do not have to send credit slips or ASO Transcript). Only NEBO approved credits, which you have earned in the past 4 years

2) **Submit \$350.00 Registration fee.** (credit card preferred. + 350 late fee if applicable)

Keep your credit slips safely filed in your possession. Under the current procedure, a number of applications will be selected at random for audit. In the event your application is one of those selected, then will you be required to submit your credit slips or ASO transcript. You will also need your credit slips when applying for Recertification in 3 years.

Please complete the enclosed Registration form and mail application and Registration Fee by **December 31** or a \$350.00 late fee will be charged.

### **Expiration of Certificate**

You will lose your privileges and will no longer be Board Certified. You will not be reissued a certificate and your name will not be listed in the National Registry. When your Certificate expires as a result of your failure to **Register/Re-certify**, you must remove any mention implied or written of NEBO Board Certification (BCO) in any form [3rd party payers (insurance, Medicare, etc.), telephone advertising, website, literature, stationary, slides, books, printed advertisements, etc.] as soon as possible. Failure to comply may result in legal action due to misrepresentation of qualifications to both professional and public concerns.

Sincerely,

Daniel C. Yeager

Executive Director NEBO



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## Registration Form

Name: \_\_\_\_\_

Certificate # \_\_\_\_\_

(as your name will appear on your certificate and other publications-if different, update on next page)

(ID Number found on Certificate)

**List below or include ASO transcripts. 50 credits: NEBO approved credits which you have earned in the past 4 years. Attach second sheet if needed.**

	Date of Course	Course Name	Course Number	List A, B or C Category	Number of Credits		NEBO USE ONLY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Total \_\_\_\_\_

Required Credits \_\_\_\_\_

Excess Credits \_\_\_\_\_

Credit Refund \_\_\_\_\_ Audited \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

I affirm that the above information is accurately presented.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Send check to the address above or a Credit Card can be used.

Type of card VISA/MasterCard \_\_\_\_\_ Registration \$350.00

Name on card \_\_\_\_\_ Late Fee (after Dec 31) \$350.00

Card number \_\_\_\_\_ Date Expire \_\_\_\_\_ Security code \_\_\_\_\_

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_ U.S.Dollars

### Change of Information Form

Information listed above yellow will appear in Registry Listing- leave field blank if you prefer no info be listed. Information listed below Yellow Line will NOT be published. Please include a personal email and cell phone number for **OFFICE USE ONLY**

Note: Registry listing will now list "Other Office Locations" by City and State up to 3 total locations.

	CURRENT NEBO INFO	CHANGE OF INFO
<b>First Middle Last</b> (Printed Certificate)	«First_name» «Mid_Name» «Last_Name»	
<b>ID #</b>	«Cert_year»-«Cert_ID»-«CertRecert»	
Business Name	«Business_Name»	
Address 1	«BStreet»	
Address 2	«BStreet1»	
City, State, Zip or Province, Country, Zip	«BCity», «BState», «BZip», «Country»	
Business Telephone	«BTele»	
Business Fax	«BFax»	
Website	«Website»	
Business Email	«Business_Email»	
Home Office - City, State	«BCity», «Home_State»	
2nd Office -City, State		
3rd Office - City, State		
<b>Personal Info</b>	<b>BELOW WILL NOT BE PUBLISHED</b>	<b>NEBO OFFICE use ONLY</b>
Home Address	«Home_Address»	
Home City, State, ZIP	«Home_City», «Home_State», «Home_Zip»	
Home Telephone	«Home_Phone»	
Cell Phone	«Cell_Phone_»	
Personal Email	«Personal_Email»	
Spouse Name	«Spouse_SO»	
Last Recertify	«Last_Recert»	
Last Register	«Last_Regist»	
Next Recertify	«Next_Recert»	
Next Register	«Next_Regist»	

(Optional) Would you like your photo included with your registry listing?  YES -  NO.

If yes, please include photo with return email. Professional headshot style recommended.

CHECK BOX IF NO CHANGE