

**National Examining Board of Ocularists**

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

**2019 CERTIFICATION EXAMINATION APPLICATION**

**Tuesday, October 15, 2019 - 1:00 PM to 5:00 PM**  
**Exam Location: San Francisco, CA**  
**Administered and processed by Scantron Corporation.**

**This application must be returned (postmarked) no later than Thursday, August 15, 2019. Applications postmarked after, August 15, 2019, will be subject to a \$350 late fee. No applications will be processed After Sept 15, 2019. Upon application approval, candidates will be contacted to schedule the proctored Fabrication portion.**

**NOTE: Please read Reference Guide 2019 for all information on the change in fabrication timeline.**

**The Exam is only available in English. Translators and/or dictionaries are not allowed.**

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**INSTRUCTIONS AND CHECK LIST**

- 1. Read booklet "Reference Guide", 2019 Certification, Registration, and Re-Certification
- 2. Complete pages 2 and 3 of application and sign
- 3. Answer question # 12 or # 13, page 2
  - a) If you answer yes, #12, page 2, (Alternative I), complete page 4
  - b) If you answer yes, #13, page 2, (Alternative II), complete page 5 and complete "EXPERIENCE VERIFICATION FORM" (pages 6 - 11)
- 4. Enclose check/Credit Card information (page 3) to NEBO
- 5. Enclose Two (2) passport type photographs of the applicant in a sealed envelope
- 6. Include a color copy of Government issued photo ID for exam verification.

**CHECK LIST BEFORE MAILING**

- Completed pages 2 and 3 of application and signed
- Answered question # 12 or # 13, page 2
- If you answered yes, #12, page 2, (alternative I), completed page 4
- If you answered yes, #13, page 2, (alternative II), completed page 5 and completed "EXPERIENCE VERIFICATION FORM" (pages 6 - 11)
- Enclose Two (2) passport type photographs of the applicant in a sealed envelope
- Enclose one color copy of government issued photo ID
- Enclose check/Credit Card information (page 3) for Examination Fee to NEBO



**APPLICATION STATEMENT, SIGNATURE AND DATE**

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

15) 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 "Resource Guide, Certification, Registration, and Recertification", (2019), of the National Examining Board of Ocularists.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

<p style="text-align: center;"><b>Certification Examination Fee: \$1500.00 US.</b> <b>Pay by Check to NEBO OR Credit Card (MC or VISA)</b></p> <p>Card Type: MC/Visa _____ <b>US \$ 1500 .00</b></p> <p>Name on Card: _____</p> <p>Card Number: _____</p> <p>Expiration Date: _____ / _____ CCV: _____</p> <p>Signature: _____</p>
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- 1) Application must be postmark on or before **August 15, 2019** (due date).
- 2) Applications postmarked after **August 15, 2019**, will be subject to \$350 fee and no applications will be processed 30 days prior to the exam (Sept. 15, 2019).
- 3) A processing fee of \$300.00 will be charged for all rejected applications.
- 4) Test score reports may be released to individuals other than authorized NEBO personnel only with written request by the candidate.
- 5) Two (2) passport type photographs of the applicant must be submitted in an envelope with the application for application approval.
- 6) One color copy of government issued photo ID for exam verification.
- 7) Following application verification/approval, candidates will be contacted to schedule their fabrication exam.

**ALTERNATIVE I APPLICANTS**

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

NAME \_\_\_\_\_  
Last First Middle

IF YOU ARE A MEMBER OF THE ASO, YOUR ID# \_\_\_\_\_

IF YOU HAVE COMPLETED THE TRAINING PROGRAM OF THE  
American Society of Ocularists, Inc. Date Complete/d \_\_\_\_\_

THE FOLLOWING INFORMATION WILL BE REQUESTED FROM THE DIRECTOR OF  
THE ABOVE APPROVED TRAINING PROGRAM:

**ELIGIBILITY AND REGISTRATION FEES**

**ALTERNATIVE I:** Applicants who have completed an education and/or training program by the American Society of Ocularists after November 1, 1980, or will have completed an education and/or training program prior to October, 2020.

Examination Fee.....\$1500.00

Enclose Examination Fee (in U.S. funds, Credit Card (page 3), check or money order) payable to the  
NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

\_\_\_\_\_  
Applicant's Signature Date

ASO Executive Secretary or Education Chairman Verification Date \_\_\_\_\_

Date \_\_\_\_\_ After Approval-ID# \_\_\_\_\_

**Test scores and certificate will be withheld until the applicant has completed or graduated  
from approved training program.**

**ALTERNATIVE II APPLICANTS**

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

NAME \_\_\_\_\_  
Last First Middle

IF MEMBER OF ASO, YOUR ID# \_\_\_\_\_

Date you will(have) complete(d) requirements \_\_\_\_\_

**ELIGIBILITY AND REGISTRATION FEES**

**ALTERNATIVE II:** Applicants must have a high school diploma or equivalency. The applicant must also have (or will have) completed 10,000 hours (40 hours/week maximum) of training and/or experience in the fitting and fabrication of ophthalmic prostheses (artificial eyes) by October, 2020, to be eligible to sit for this examination. THE 10,000 hours must begin with 4,000 hours of supervision by a board certified ocularist. Applicants who have not or are unable to verify such supervision would require an additional 4,000 hours of experience for a total of 14,000 hours.

Examination Fee..... \$1500.00

Enclose Examination Fee (in U.S. funds), Credit Card (page 3), check or money order payable to The NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

\_\_\_\_\_  
Applicant's Signature Date

Email Address: \_\_\_\_\_

Approved by National Examining Board of Ocularists, Inc. ID# \_\_\_\_\_

\_\_\_\_\_  
Executive Director Signature or Executive Board Member Date

**Test scores and certificate will be withheld until completion of required hours of training and experience.**

PLEASE COMPLETE THIS FORM IF YOU HAVE ANSWERED QUESTION # 13,  
PAGE 2, "YES" AND YOU ARE APPLYING THROUGH ALTERNATIVE II PATHWAY

**EXPERIENCE VERIFICATION FORM  
ALTERNATIVE II**

Please return with your application to:  
Dan Yeager, Executive Director  
2050 Keokuk St., NEBO Suite  
Iowa City, Iowa 52240  
(319) 339-1125 Fax: 319-337-5445

Name of Applicant \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

**ALTERNATIVE II:** Applicants must have a high school diploma or equivalency. The applicant must also have (or will have) completed 10,000 hours (40 hours/week maximum) of training and/or experience in the fitting and fabrication of ophthalmic prostheses (artificial eyes) by October, 2020, to be eligible to sit for this examination. THE 10,000 hours must begin with 4,000 hours of supervision by a board certified ocularist. Applicants who have not or are unable to verify such supervision would require an additional 4,000 hours of experience for a total of 14,000 hours.

Provide written documentation when asked for  
**\*\*Please attach evidence of the information requested below\*\***

**EXPERIENCE VERIFICATION FORM  
ALTERNATIVE II APPLICANTS**

1) Do you engage in the fitting of ophthalmic prosthetics (artificial eyes)?

Yes ( ) No ( )

2) Do you personally fabricate ophthalmic prosthetics in your laboratory?  
(This refers to the total fabrication process, not modification of prefabricated prostheses.)

Yes ( ) No ( )

3) How many hours (total) have you been engaged in both the fitting and fabrication of ophthalmic prosthetics?

**\*\*Please attach evidence of the information requested below\*\***

\_\_\_\_\_ hours

4) What amount of your (average 40 hour) work week do you fit and fabricate ophthalmic prosthetics?

\_\_\_\_\_ hours \_\_\_\_\_% of average work week

5) When did you begin your experience in the fitting and fabrication of ophthalmic prosthetics?

**\*\*Please attach evidence of the information requested below\*\***

\_\_\_\_\_  
month day year (Please attach "PROOF" of this date)

6) Where did you begin your experience in the fitting and fabrication of Ophthalmic prosthetics?

**\*\*Please attach evidence of the information requested below\*\***

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) - \_\_\_\_\_ EMAIL \_\_\_\_\_

Experience time from \_\_\_\_\_ to \_\_\_\_\_  
month day year month day year







**Experience Verification Form  
for Alternative II Applicants**

- 12) List five (5) 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).

**This form may be copied and used as the mailing label**

A) Phone (    ) - EMAIL \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

B) Phone (    ) - EMAIL \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

C) Phone (    ) - EMAIL \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

D) Phone (    ) - EMAIL \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

E) Phone (    ) - EMAIL \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**Experience Verification Form  
for Alternative II Applicants**

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

A) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (     ) -           EMAIL \_\_\_\_\_

B) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (     ) -           EMAIL \_\_\_\_\_

C) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (     ) -           EMAIL \_\_\_\_\_

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 for #1 through #8 may result in rejection of this application and forfeiture of application fee and/or withholding of certification.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Whitness \_\_\_\_\_