## **National Examining Board of Ocularists**

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

(319) 339-1125 Fax: (319) 337-5445

### CERTIFICATION EXAMINATION APPLICATION Administered and processed by Scantron Corporation. **EXAM LOCATIONS WILL BE ARRANGED ON AN INDIVIDUAL BASIS.**

- This application is due (postmarked) no later than August 1.
- Applications postmarked after, August 1, will be subject to a \$350 late fee.
- No applications will be processed after September 1.
- 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 = \$1500 US (Offsite option available)
- The Exam is only available in English. Translators and/or dictionaries are not allowed.
- Keep Page 1 for reference.

#### **Exam Eligibility Requirements**

Pathway I Pathway II

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;

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

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

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

Pathway I or II also require:

- Two (2) passport type photographs of the applicant must be submitted in an envelope with the application for application approval.
- One (1) color copy of government issued photo ID for exam verification.
- Enclose Payment made out to NEBO
- Types of Evidence may include but are not limited to, time sheets, pay stubs, employment contacts, referral letters, tax returns, etc.

Annual Onsite Certification Written Exam + Fabrication Exam \$1500 US Dollars Offsite (off-cycle) Certification Written Exam + Fabrication Exam \$2100 US Dollars

| NEBO ID#      | Accept. Letter Sent: |
|---------------|----------------------|
| NERO OFFICE I | ISE 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:<br>School: |
|--|---|
|  | Name of Institution:                              |
| Post- Secondary Education                  | Degree:   |
|  | Completion Date:                                  |
|  | Name of Institution:                              |
| (Optional)                                 | Degree:   |
|  | Completion Date:                                  |
|  | Name of Institution:                              |
| (Optional)                                 | Degree:   |
|  | Completion Date:                                  |

## **Ocularistry Related Education**

| Have you completed the education program of the      | Yes ( ) No ( ) If yes, Pathway I Eligible   |
|--|---|
| American Society of Ocularists or the College of     | Date of Completion:                         |
| Ocularistry?   | ASO ID #:                                   |
| Will you have completed 14,000 hours                 | Yes ( ) No ( ) If yes, Pathway II eligible. |
| unsupervised training in the fitting and fabricating | Anticipated Completion Date:                |
| of ocular prosthetics by October 1, 2022?            | Must provide documentation.                 |

#### **Work History**

| Please list all offices/locations you have worked at, s | starting with the current | employer. Attach | additional doc | umentation |
|---|---------------------------|------------------|----------------|------------|
| 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 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. Online Credit card payment option available (additional fees apply). Please contact NEBO via email for payment link at nebo@neboboard.org.

|   |                   | ^ |
|---|-------------------|---|
| Annual Onsite Certification Written Exam + Fabrication Exam | \$1500 US Dollars |   |
| Offsite Certification Written Exam + Fabrication Exam       | \$2100 US Dollars |   |

## Pathway I

# EXAMINEE IDENTIFICATION AND VERIFICATION OF PROFESSIONAL EDUCATION FORM

| NAME _                            | First   | Middle  | Last   | ID#:   |          |
|-----------------------------------|---|---|--|--|----------|
| -                                 | •   | •   |  | nave Graduate Diploma i<br>Ocularistry Education Pro | •        |
| •                                 |   |   |  | ISTED CORRECTLY AND TO                               |          |
|                                   |   | Applicant's Signatur  | <u> </u>   | Date   |          |
|                                   |   | and return applica<br>Daniel<br>2050 Keok<br>Iowa Ci                    | tion to Executiv<br>Yeager, NEBO<br>uk St., NEBO Su<br>ty, Iowa, 52240 | ite  | ·        |
| 3. Include payı<br>4. Include Two | oplication<br>uired document<br>ment information<br>(2) passport ty | ation for eligible path<br>on<br>pe photographs<br>ernment issued photo |  |  |          |
|                                   |   | NEBO O  D Executive Secretary, rson:                                    |  |  |          |
| Appr                              |   |   |  | /Expected Graduation:_                               | <u> </u> |

## EXPERIENCE VERIFICATION FORM Pathway II

## **Experience History**

| Do you engage in the fitting of ophthalmic prosthetics (artificial eyes)?  | YES NO<br>(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<br>(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              |                   |
|---|-------------------|
|   | Business Name:    |
| Where did you <b>begin</b> your experience in the fitting | Address:          |
| , , ,   | City, State, Zip: |
| and fabrication of ophthalmic prosthetics?                | Phone:            |
|   | *Work Duration:   |
|   | FROM / / to / /   |
|   | MM DD YY MM DD YY |
|   | Business Name:    |
|   | Address:          |
| Where do you <b>presently</b> practice the fitting and    | City, State, Zip: |
| fabrication of ophthalmic prosthetics?                    | 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.

|                              | Business Name:    |
|------------------------------|-------------------|
|                              | Address:          |
| Additional Office /Leastion* | City, State, Zip: |
| Additional Office/Location*  | Phone:            |
|                              | *Work Duration:   |
|                              | FROM/             |
|                              | MM DD YY MM DD YY |

|                              | Business Name:    |  |  |  |  |
|------------------------------|-------------------|--|--|--|--|
|                              | Address:          |  |  |  |  |
| Additional Office /Location* | City, State, Zip: |  |  |  |  |
| Additional Office/Location*  | Phone:            |  |  |  |  |
|                              | *Work Duration:   |  |  |  |  |
|                              | FROM/ to/         |  |  |  |  |
|                              | MM DD YY MM DD YY |  |  |  |  |
|                              | Business Name:    |  |  |  |  |
|                              | Address:          |  |  |  |  |
| Additional Office/Location*  | City, State, Zip: |  |  |  |  |
| Additional Office/Location   | Phone:            |  |  |  |  |
|                              | *Work Duration:   |  |  |  |  |
|                              | FROM/             |  |  |  |  |
|                              | MM DD YY MM DD YY |  |  |  |  |
|                              | Business Name:    |  |  |  |  |
|                              | Address:          |  |  |  |  |
| Additional Office/Location*  | City, State, Zip: |  |  |  |  |
| Additional Office/Location   | Phone:            |  |  |  |  |
|                              | *Work Duration:   |  |  |  |  |
|                              | FROM/ to/         |  |  |  |  |
|                              | MM DD YY MM DD YY |  |  |  |  |

## **Supervisor History**

| Have you received supervision from anyone during the | YES NO          |
|--|-----------------|
| accumulation of your experience time?                | (Circle Answer) |

If the answer above is yes, list name, address and phone number of supervisor(s) below:

| the unswer above is yes | Name:                 |       | 1.00. (0) |     |              |             |
|-------------------------|-----------------------|-------|-----------|-----|--------------|-------------|
|                         | Address:              |       |           |     |              |             |
|                         | City, State, Zip:     |       |           |     |              |             |
|                         | Phone:                |       |           |     |              |             |
| Supervisor #1           | Email:                |       |           |     |              |             |
|                         | *Work Duration:       |       |           |     |              |             |
|                         | FROM                  | /     | / .       | to  | / /          |             |
|                         |                       | MM DD | YY        |     | MM DD YY     | <del></del> |
|                         | NEBO Board Certified? | Yes   | No        | (Ci | rcle answer) |             |
|                         | Name:                 |       |           | ,   | ,            |             |
|                         | Address:              |       |           |     |              |             |
|                         | City, State, Zip:     |       |           |     |              |             |
| 6                       | Phone:                |       |           |     |              |             |
| Supervisor #2           | Email:                |       |           |     |              |             |
|                         | *Work Duration:       |       |           |     |              |             |
|                         | FROM                  | /     | / .       | to  | //           | <u>.</u>    |
|                         |                       | MM DD | YY        |     | MM DD YY     |             |
|                         | NEBO Board Certified? | Yes   | No        | (Ci | rcle answer) |             |
|                         | Name:                 |       |           |     |              |             |
|                         | Address:              |       |           |     |              |             |
| Supervisor #3           | City, State, Zip:     |       |           |     |              |             |
|                         | Phone:                |       |           |     |              |             |
|                         | Email:                |       |           |     |              |             |
|                         | *Work Duration:       |       |           |     |              |             |

|                                  | FROM   | /            | /        | . to <u>/ / .</u>                  |
|----------------------------------|--|--------------|----------|------------------------------------|
|                                  | NEBO Board Certified?                                  | MM DD<br>Yes | YY<br>No | MM DD YY<br>(Circle answer)        |
|                                  | NEBO Board Certified:                                  | 165          | INU      | (Circle answer)                    |
|                                  |  |              |          |                                    |
|                                  |  |              |          |                                    |
|                                  |  |              |          |                                    |
| hree (3) <b>ophthalmologists</b> | who are familiar with your                             | work experie | nce in t | he fitting and fabrication of opht |
|                                  | who are familiar with your have serviced and can verif | •            |          |                                    |
|                                  | -  | •            |          |                                    |
| Name                             | -  | •            |          |                                    |
| sthetics (whose patients you     | -  | •            |          |                                    |

| 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 <u>all</u> 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
- 3. Include payment information
- 4. Include Two (2) passport type photographs
- 5. Include a color copy of Government issued photo ID or passport.