

**NATIONAL EXAMINING BOARD OF OCULARISTS (NEBO)
CERTIFICATION EXAMINATION APPLICATION**

2008

This application must be returned (postmarked) no later than Friday, August 15, 2008, to:

David M. Bulgarelli, Executive Director
National Examining Board of Ocularists, Inc.
625 First Avenue, Suite 220
Coralville, IA 52241-2101
(319) 339-1125

-Applications postmarked after Friday, August 15, 2008, cannot be processed and will be returned.-

The NEBO Certification Examination for Ocularists will be administered and processed by CASTLE Worldwide, Inc. of Raleigh, NC and offered at the

Sheraton Atlanta Hotel - [more info »](#) (404) 659-6500 (404) 524-1259 Fax
165 Courtland and International Boulevard,
Atlanta, GA 30303 [\[MAP\]](#)

The exam room is unknown at this time. When it is available, it will be posted at <http://www.neboboard.org>. Please confirm the exam room when you arrive.

The Exam is only available in English. " translators and/or dictionaries are not allowed"

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INSTRUCTIONS

- 1) Read booklet "Certification, Registration and Recertification" (CRR2008)
- 2) Complete pages 2 and 3 of application and sign
- 3) Answer question # 12 or # 13 , page 2
If you answer yes, #12, page 2, (alternative I), complete page 4
If you answer yes, #13, page 2, (alternative II), complete page 5 and
complete "EXPERIENCE VERIFICATION FORM (expver96.doc) pages 6 - 11
- 4) Enclose check/Credit Card information (page 3) to NEBO \$ 1100.00
- 5) Enclose Four (4) passport type photographs of the applicant in a sealed envelope
- 6) Email Digital Photograph to nebo@neboboard.org with "picture" in subject line

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 (expver96.doc) pages 6 - 11
- Enclose Four (4) passport type photographs of the applicant in a sealed envelope**
- Email Digital Photograph to nebo@neboboard.org with "picture" in subject line**
- Enclose check/Credit Card information (page 3) for Examination Fee to NEBO**

Please read instructions carefully before completing the following items.

Please print in ink or type...must be completed by all applicants.

NEBO ID# _____
(Applicant leave blank)

1) Name (Print name as it should appear on Certificate)

first

middle

last

2) Sex M () F ()

3) Social Security # _____ / _____ / _____

4) Date and _____
Place of Birth month day year state province country

5) Telephone home () - _____ office () - _____
FAX # () - _____ () - _____

6) Mailing Address _____
business name number and street city/state/zip

7) Home Address _____
number and street city/state/zip

8) Are you a citizen of the United States? yes () no () Canada? yes () no ()
Other? _____

9) High School Education or Equivalent yes () no () Completion Date _____
yes () no () Completion Date _____

10) Post-Secondary Education other than ASO approved programs yes () no () Completion Date _____
Name of Institution _____
Address _____
Degree _____

11) Professional Education/ Training Have you successfully completed an ASO approved program? yes () no ()
Date of completion of program month _____ day _____ year _____
Are you a student in an ASO approved program? yes () no ()
Date you will complete the program. month _____ day _____ year _____

12) ALTERNATIVE I:
Have you completed or will you complete an American Society of Ocularists approved education program on or before November 12, 2009 ? YES () NO ()
Date program completed (will be verified through ASO by NEBO)
If YES,.....skip to #14

13) ALTERNATIVE II:
Have you, or will you have, completed ten thousand (10,000) hours (40 hour/week maximum) of Training and Experience (if started training after January 1, 1983, first 4,000 hours must be supervised training or 14,000 hours of unsupervised experience) in the fitting and fabrication of ophthalmic prosthetics (artificial eyes) on or before November 12, 2009 ?

YES () NO ()

(IF YES.....Please complete the Experience Verification Form, pages 6 - 11 and enclose with your application.....then continue to #14.)

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 received and read, in its entirety, the booklet entitled "Certification, Registration and Recertification", (CRR2008), of the National Examining Board of Ocularists.

SIGNATURE _____ DATE _____

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

<p style="text-align: center;">Pay by Check to NEBO or Credit Card (MC or VISA)</p> <p>Card Type, ie, MC/Visa _____ US \$ 1100.00</p> <p>Card Number: _____</p> <p>Name on Card: _____</p> <p>Expiration Date: _____</p> <p>Security Number on back: _____</p> <p>Signature: _____</p> <p style="text-align: center;">Prefer that "Not USA" use Credit Card</p>

- 1) Application must be submitted on or before **Friday, August 15, 2008**, (due date).
- 2) Applications postmarked after **Friday, August 15, 2008** will be returned.
- 3) A processing fee of \$200.00 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) Four (4) passport type photographs of the applicant must be submitted in a sealed envelope with the application for application approval.
- 6) Email Digital Photograph to nebo@neboboard.org with "picture" in subject line

ALTERNATIVE I APPLICANTS

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

NAME _____
Last First Middle
BUSINESS NAME _____
ADDRESS _____
CITY/ ST/ZIP _____
TELEPHONE _____ FAX _____
EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER ____ / ____ / ____
IF MEMBER OF ASO, YOUR ID# _____
TRAINING PROGRAM
____ 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 November 12, 2009.

Examination Fee.....\$1100.00

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

Applicant's Signature Date

ASO Executive Secretary or Education Chairman _____

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
BUSINESS NAME _____
ADDRESS _____
CITY/ ST/ZIP _____
TELEPHONE _____ FAX _____
EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER ____ / ____ / ____
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 November 12, 2009, 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..... \$1100.00

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

Applicant's Signature Date

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:

David M. Bulgarelli, Executive Director
National Examining Board of Ocularists, Inc.
625 First Avenue, Suite 220
Coralville, IA 52241-2101
(319) 339-1125

Name of Applicant _____

Business Name _____

Address _____

City/State/Zip _____

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 November 12, 2009, 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.

Experience Verification Form
for Alternative II Applicants

****Please attach proof of the information requested below for all locations.****

7) Where do you presently practice the fitting and fabrication of ophthalmic prosthetics?

Name _____

Address _____

City/State/Zip _____

Phone (____) _____ - _____

Experience time from _____ to _____
month day year month day year

8) List other locations where you have accumulated experience time in both the fitting and fabrication of ophthalmic prosthetics.

A) Name _____

Address _____

City/State/Zip _____

Phone (____) _____ - _____

Experience time from _____ to _____
month day year month day year

B) Name _____

Address _____

City/State/Zip _____

Phone (____) _____ - _____

Experience time from _____ to _____
month day year month day year

C) Name _____

Address _____

City/State/Zip _____

Phone (____) _____ - _____

Experience time from _____ to _____
month day year month day year

Experience Verification Form
for Alternative II Applicants

9) Have you received supervision from anyone during the accumulation of your experience time?

Yes () No ()

10) If the answer to Number 9 is yes, list name, address and phone number of supervisor(s).

A) Name _____
Address _____
City/State/Zip _____

Phone (_____) - _____

B) Name _____

Address _____

City/State/Zip _____

Phone (_____) - _____

C) Name _____

Address _____

City/State/Zip _____

Phone (_____) - _____

11) Was your supervisor a certified ocularist ?

Yes () No ()

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 will be the mailing label

A) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____

B) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____

C) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____

D) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____

E) Name _____

Address _____

City/State/Zip _____

Phone (____) - _____

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 () - _____

B) Name _____
Address _____
City/State/Zip _____
Phone () - _____

C) Name _____
Address _____
City/State/Zip _____
Phone () - _____

I certify that all of the above information is correct. I also understand that the National Examining Board of Ocularists will verify this information. Inaccuracies in the Verification Form replies for number 1 through 8 may result in rejection of this application and forfeiture of application fee and/or withholding of certification.

Signed _____ Date _____

Notary _____