



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

**2009 Examination - Wednesday, October 28, 8 A.M. to 12 noon**

**This application must be returned (postmarked) no later than Friday, July 31, 2009 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, July 31, 2009, cannot be processed and will be returned.-**

The Certification Examination for Ocularists will be Wednesday, October 28, 2009. The examination will be administered and processed by CASTLE Worldwide, Inc. of Raleigh, NC and offered at the Westin San Francisco Market Street, 50 Third Street, San Francisco, California 94103. Toll Free Reservations : 888-627-8561. Immediate Online Reservations(X). The room is on the [3rd floor in the Commonwealth room](#). 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" (CRR2009)
- 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
- 5) Enclose Four (4) passport type photographs of the applicant in a sealed envelope
- 6) Email 1 (one) Digital Photograph to [nebo@neboboard.org](mailto: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 1 (one) Digital Photograph to [nebo@neboboard.org](mailto: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 business ( ) - \_\_\_\_\_ home ( ) - \_\_\_\_\_  
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 October 28, 2010 ? 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 October 28, 2010 ?

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", (CRR2009), 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;"><b>Pay by Check to NEBO or Credit Card (MC or VISA)</b></p> <p>Card Type, ie, MC/Visa _____ <b>US \$</b> _____</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;">Credit Card use is our preference</p>
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- 1) Application must be submitted on or before **Friday, July 31, 2009**, (due date).
- 2) Applications postmarked after **Friday, July 31, 2009** 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 1 (one) Digital Photograph to [nebo@neboboard.org](mailto:nebo@neboboard.org) with "picture" in subject line

**ALTERNATIVE I APPLICANTS**

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

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

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 28, 2010.

Examination Fee.....\$1100.00

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 \_\_\_\_\_

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

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 October 28, 2010, 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, Credit Card (page 3), 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 \_\_\_\_\_

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 28, 2010, 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 proof 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 proof 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 proof 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?

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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 ( )

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

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).

**Your submission will be copied and used as the mailing label**

A) Phone ( ) -  
Name  
Address  
City/State/Zip

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

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

D) Phone ( ) -  
Name  
Address  
City/State/Zip

E) Phone ( ) -  
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 (     )     - \_\_\_\_\_

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 \_\_\_\_\_