



Candidate Application

What are the COE Eligibility Guidelines?

Applicants must demonstrate they have a minimum of two years of health care administration experience plus one or more years of ophthalmic practice management experience. Applicants must have demonstrated experience in each of the six exam domains: general ophthalmic knowledge, financial management, operations, information technology management, human resources, and risk management & regulatory compliance. The experience does not need to be completed in three consecutive years; however, the cumulative total of three years must have occurred within the preceding five calendar years. Eligibility is not limited to ASOA members; however, ASOA members receive discounted fees.

There are two application categories.

1. **COE Administrator** – An individual who spends at least 80% of the scope of his/her work in a practice management/administrator capacity within an ophthalmic setting that provides patient care. Individual must have demonstrated experience in each of the six exam domains referenced above. **Applicant must submit the COE application and a current job description.**
2. **COE Non-Administrator** – Individual in an ophthalmic practice management setting who does not meet the definition of “administrator” above but who has demonstrated experience in each of the six exam domains referenced above. **Applicant must submit the COE application, a current job description, and a letter of recommendation from the practice administrator or physician stating why the applicant qualifies to sit for the COE exam.**

All COE applications will be reviewed by the members of the National Board for the Certification of Ophthalmic Executives (NBCOE), the board overseeing the COE certification.



1. Candidate Information *(full name as it appears on your government issued I.D.)*

Last Name _____ First Name _____ MI _____

Credentials/Designations _____

Practice/Organization _____

Business Address _____

City/State/Zip Code _____

Business Telephone (include area code) _____

Home Address _____

City/State/Zip Code _____

Home Telephone (include area code) _____

Email address (**REQUIRED**) _____

2. Please indicate the applicable category

COE Administrator

- Exam Only – ASOA Member \$250 Member # _____
- Exam Only – Nonmember \$550
- Exam and One Year ASOA Membership \$550

COE Non-Administrator

- Exam Only – ASOA Member \$250 Member # _____
- Exam Only – Nonmember \$550
- Exam and One Year ASOA Membership \$550



3. Practice Information:

Number of non-physician FTE staff members? _____
Number of non-physician part-time staff members? _____
Number of ophthalmologists? _____
Number of optometrists? _____
Years of ophthalmic management experience: _____
Are you a multi-specialty practice? Yes _____ No _____
Do you have an ASC? Yes _____ No _____
What elective services do you offer?

4. Experience *

I certify that within the preceding five calendar years, I have a minimum of two years of health care administration experience plus one or more years in ophthalmic practice management.

Signature _____

5. Employment History *(please use a separate sheet if necessary)*

Health Care Administration **Ophthalmic Practice Management**
Practice/Organization _____
City/State/Zip Code _____
Phone _____ From _____ To _____
Job Title _____

Health Care Administration **Ophthalmic Practice Management**
Practice/Organization _____
City/State/Zip Code _____
Phone _____ From _____ To _____
Job Title _____



Health Care Administration

Ophthalmic Practice Management

Practice/Organization _____

City/State/Zip Code _____

Phone _____ From _____ To _____

Job Title _____

6. I hereby attest the above information is true and accurate

Signature _____

Date of Birth (REQUIRED) _____

7. Americans with Disabilities Act

Do you have a condition that requires special accommodations for testing?

Yes _____ No _____

Per ADA regulations, your condition must be diagnosed by a licensed professional. You are required to submit your request for special accommodations at least 30 days prior to the examination.

8. Payment Information

Select one: Check VISA MC AMEX DISCOVER

Name on Card _____

Account Number _____

Expiration Date _____

CSV _____ (3 digits VISA/MC/DISCOVER; 4 digits AMEX)

I authorize ASCRS/ASOA to charge this account for the amount shown above

Cardholder's Signature: _____

9. Exam Cancellation/Reschedule Fees



Once your COE exam appointment has been confirmed, the following cancellation/rescheduling fees apply:

- 6 or more days prior to scheduled exam date.....\$25
- 5 or less days prior to scheduled exam date.....\$95
- No show for exam.....\$95

10. Return application with payment and supporting documentation (see below) to:

ASOA, 4000 Legato Road, Suite 700, Fairfax, VA 22033
Email: asoa@asoa.org; Fax: 703-547-8827

Supporting documentation required:

- **COE Administrator**
 - COE application
 - Current job description

- **COE Non-Administrator**
 - COE application
 - Current job description
 - Letter of recommendation from practice administrator or physician stating why candidate is qualified to sit for the COE exam.

***Special Consideration for Eligibility**

The special consideration process is designed for those applicants whose employment experience does not meet the established eligibility criteria – i.e., within the preceding five calendar years or a minimum of two years of health care administration experience plus one year in ophthalmic practice management. People with healthcare administration experience outside the United States may be among those qualifying for special consideration. Special consideration is not offered to applicants who have the opportunity to qualify under established criteria but have chosen not to do so. If you do not meet the eligibility criteria for certification established by the National Board for the Certification of Ophthalmic Executives (NBCOE), but you believe that your education, training and/or experience are equivalent, you may request a special consideration application. Special consideration applications must include the applicant’s resume and/or CV, as well as a statement of why the applicant should be granted special consideration including any available and verifiable professional references. Requests are considered by the NBCOE on a case-by-case basis. Please contact ASOA headquarters for additional information.