



## Candidate Application

Please use your full name as it appears on your government issued I.D.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Company/Organization: (current) \_\_\_\_\_

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): \_\_\_\_\_

Please indicate the applicable category \*

- Exam Only – ASOA Member \$250 Member # \_\_\_\_\_
- Exam Only – Non Member \$550
- Exam and One Year ASOA Membership \$500

### Payment Information

Select one:  Check  VISA  MC  AMX  DISCOVER \_\_\_\_\_ CSV – 3 digits VISA, MC DISC, 4 digits AMX

Name on Card \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Cardholder's Signature: \_\_\_\_\_



**Practice Information:**

Number of non-physician FTE 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? \_\_\_\_\_

**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.

**\*\*Experience**

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

**Signature:** \_\_\_\_\_

**Employment History**

Health Care Administration  Ophthalmic Practice Management (please use a separate sheet if necessary)

**Company/Organization:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Employment History**

Health Care Administration  Ophthalmic Practice Management (please use a separate sheet if necessary)

**Company/Organization:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_



**I hereby attest the above information is true and accurate**

**Signature:** \_\_\_\_\_

**Date of Birth (REQUIRED):** \_\_\_\_\_

You **MUST** sign the application. Please use your full name as it appears on your government issued I.D.

**\*Exam Cancellation/Reschedule Fees**

Once appointment has been made to take the COE exam 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

**Return application with applicable payment to:**

ASOA  
4000 Legato Road, Suite 700, Fairfax, VA 22033  
or Fax: 703-547-8827  
or Email: [asoa@asoa.org](mailto:asoa@asoa.org)

**\*\*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, a minimum of two years of health care administration experience and 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.