



INTERNATIONAL ACADEMY OF PROFESSIONAL OCULARISTS

Application

Personal Information:

Family Name/Last Name: _____

First Name: _____ Middle Initial: _____

Date Of Birth: ____/____/____

MM DD YYYY

Gender: Male _____ Female _____

PRYMARY MAILING ADDRESS

Practice Name: _____

Street Address: _____

Continue: _____

City: _____

State/Province/District Postal Code: _____

Country: _____

Other Location Optional: _____

Practice Name: _____

Street Address: _____

Continue: _____

City: _____

State/Province/District Postal Code: _____

Other Membership

Name: _____

ENROLLMENT DATE ____/____/____

MM DD YYYY

Name: _____

ENROLLMENT DATE ____/____/____

MM DD YYYY

Contact Information:

Office Number: _____

Fax Number: _____

Cell /Mobile: _____

E-Mail Primary: _____

E-Mail Secondary: (Optional) _____

Education

University Degree: _____

University/School

Name: _____

City, State and Country: _____

Completion: ____/____/____

MM DD YYYY

University Degree: _____

University/School

Name: _____

City, State and Country: _____

Completion: ____/____/____

MM DD YYYY

Matriz: Avenida Gautier Benítez Consolidate Mall C22 – Caguas, Puerto Rico zip-code 00725.

TEL +1 787-744-2821 / Fax: 787-957-8680

Email: secretariainapo@inapo.org



BOARD CERTIFICATION

Certify Agency: _____

City, State and Country: _____

Type Of Certification

Certification date: ____/____/____

MM DD YYYY

Expiration Date: ____/____/____

MM DD YYYY

Please note that a copy of the certificate must accompany the application

Professional Information

Are You certified by any other Certifying Agencies?

Name Agency/ Instructor/ School/University: _____

Other Ocularistry certification

____/____

MM YYYY

License number (Registration in your Country)

____/____

References

If you are a practicing ocularist, you must provide at least one name of an eye Professional Optometrist, Ocularist and/or ophthalmologist who will endorse your application. These references will be consulted by the review board before your application is approved or denied.

Reference Name 1:

Address:

City:

State/Province/District Postal Code:

Country:

Telephone Number:

Reference Name 2:

Address:

City:

State/Province/District Postal Code:

Country:

Telephone Number:

Reference Name 3:

Address:

City:

State/Province/District Postal Code:

Country:

Telephone Number:

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Agreement

By submitting this application to become a member of INAPO, I agree to 1) All information submitted in support of this application is true, accurate and complete; 2) to comply with the codes of ethics and abide by the INAPO bylaws. I understand that my application 1) is subject to verification by INAPO's board of directors, and I release INAPO from any liability, damage or claim related to the verification process arising therefrom; 2) my membership must be approved by the board of directors; 3) INAPO may revoke my membership if it deems it appropriate in accordance with the current bylaws.

Signature of Applicant _____

Signature Date: ____/____/____
MM DD YYYY

International Academy of Professional Ocularists

INAPO USE ONLY						
Date of receipt	MM		DD		YYYY	
Verify information	Complete		Partial:		None:	
Comments:						
DECISIÓN DE LA JUNTA DIRECTIVA DE INAPO						
Approved:	Delayed:			Denied:		
File Number:	MM		DD		YYYY	
MEMBER NUMBER						
Matriz: Avenida Gautier Benítez Consolidate Mall C22 – Caguas, Puerto Rico zip-code 00725.						
TFC +1 787-744-2821 / Fax 787-957-8680			President Secretary			

Email: secretariainapo@inapo.org



International Academy of professional Ocularists

Application Check List

Dear Applicant,

This is a request for credentials that must accompany your application.

- ⇒ Summary of your resume, (CV) including your personal interests, hobbies or activities not associated with their profession.
- ⇒ Copy of the professional title
- ⇒ Copy of Board Certified (If applicable)
- ⇒ Copy of other certificates of study or specialties. (If applicable).
- ⇒ Summary of the medical history of at least 5 patients, with photographic record on paper, of the sequence of the adaptation process.
- ⇒ Passport size (2*2) color photo. The photograph can be used for the website.
- ⇒ The application has a cost of \$50. (USD) which is not refundable.
- ⇒ You can pay through our web site using Pay Pal.
- ⇒ Send application via e-mail: secretariainapo@inapo.org, hilianaherrera@inapo.org.
- ⇒ Or Via fax: +1-787-957-8680 (Puerto Rico)
- ⇒ Do not send bank or credit card information via e-mail.

Failure to provide any of the above required items will delay your processing.

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