



Indian Society of Ocularists
Education ★ Innovation ★ Rehabilitation

Email: info@ocularist.co.in
Web: www.ocularist.co.in

MEMBERSHIP APPLICATION FORM

Application process is in two parts. First part is application form duly filled in along with non refundable fees and one artificial eye and, sclera shell and one clear shape of artificial eye sent. Second part is photo documentation as per guidelines provided by society.

One time non refundable application fee of ₹ 12000/- should be sent in form of DD along with this application in the name of **Indian Society of Ocularists**, payable in Mumbai.

Dully filed application should be notarised and sent to secretary along with recommendation letter of minimum two Ophthalmologists or Head of Department in case of Institutional practice.

Claims will be verified by the society and referring doctors may be contacted to verify details provided.

Incomplete application will not be considered and fees will not be refunded at any time.

Fee valid only for one time process, over a period of 3 months duration, if one need to reapply it again they have to make a new application with the new payment.

One artificial eye and one scleral shell prosthesis (Custom Made Only) along with a clear shape of artificial Eye made by you should accompany this application for evaluation of your work in order to consider the application for submission.

Once your primary application is accepted, with in 30 days you will be sent one artificial eye and one sclera shell for duplication from society with prior information.

You will need to duplicate the same and send it back to society office with within 10 days time. Along with photographs and documentation as per the guidelines that will be sent to you.

Your acceptance of membership and its category will be informed to you in 60 days time, after evaluation of your application and artificial eye, scleral shell duplication and a clear shape of artificial eye sent results will be informed to you by evaluation committee.

MEMBERSHIP CATEGORIES

Apprentice

A member who is actively training in the fitting and fabrication of ophthalmic prosthetics under the sponsorship of a Board Approved Diplomate Ocularist (B.A.D.O.) Or Board Certified Ocularist (B.C.O.) Or a well trained Ocularist In India or overseas and spend at least 5 years.



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Associate

A member who is principally engaged in practice as an ocularist and does at least 3 days a week for custom ocular prosthetics and actively enrolled in the Education Program of the ISO, Must have completed 5 years of Training under a well trained ocularist. Then only, he/she is eligible for this membership. This membership also can be offered to other allied specialist in prosthetics/Ophthalmologists/Oculoplasty Surgeons, they will not have any right for vote. they can attend the annual Meeting.

Active

A member who is principally engaged in practice as an Ocularist and performs only custom ocular prosthetics, Must have completed 7 years of experience including the 5 years of extensive training under well trained Ocularist, he must have presented and published at least 2 article in area of prosthetics in scientific journals, and actively enrolled in the Education Program of the Indian Society of Ocularists.

Honorary Member

An honor bestowed on a non-member, inactive or retired member whose outstanding contributions to the profession or the Indian Society of Ocularists merit recognition.

PROSTHESIS: As a part of the application, individuals are required to submit a completed custom-made prosthesis which will be evaluated by the Admissions Committee to determine if it meets the minimum standards of the Indian Society of Ocularists. All submitted prosthesis will be the property of the Indian Society of Ocularists and will not be returned. No stock eyes will be accepted. The applicant must also submit a written explanation of how the prosthesis was fabricated, including materials and methods used. Members of the committee will examine this prosthesis anonymously to ensure an unbiased evaluation. The prosthesis will be examined with a 5X loupe, and judged on the following criteria: the prosthesis must have no debris, visible porosity, tool marks, delamination, sharp edges or cloth fiber (blood vessel) exposure.

PROCESSING FEES: A ₹ 12000/- application fee is required by the ISO to cover the expense of processing the application. This fee must accompany the application and is non-refundable. The IOS does not accept cash for applications. Payment must be submitted by demand draft payable in Mumbai.

PLEASE NOTE: This application is valid for one year from the date it is received at the ISO office. Once the application process is completed, applicants must be approved by the board of Directors before being admitted to the ISO.

Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will be returned to the applicant.



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PLEASE TYPE OR PRINT LEGIBLY AND RETURN TO:

Chandrashekhar Chawan,

Secretary

Indian Society of Ocularists

109 Falcon Court, Hari Om Nagar, Mulund (E), Mumbai 400081 India.

P: 022 25327459 F: 022 25327410 C: 09833270111

I hereby apply for ___Apprentice / Associate / Active / Honorary ___MEMBERSHIP in the Indian Society of Ocularists and am submitting my qualifications and other pertinent data relating to myself for consideration by the Admissions Committee of the Society.

Applicant Information:

Last Name _____ First _____ MI _____

Your Business Practice Name _____

Business Address _____

City _____ State _____ PIN Code _____ Country _____

Business Phone _____ Fax _____ Cell: _____

Email Address _____ Web Site _____

Home Address _____ City _____

State _____ PIN _____ Country _____

Home Phone _____ Cell _____

Sponsoring Ocularist Information (for Apprentice category)

Name _____ Phone _____

Address _____ City _____ State _____

PIN _____ Country _____



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PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you ever been convicted of a crime? Yes _____ No _____ Explain _____

Have you previously applied to the India Society of Ocularists? Yes _____ No _____ If yes, when? _____

Have you ever been accused of fraud? Yes _____ No _____ Explain _____

Has a grievance ever been filed against you in or by a hospital? Yes _____ No _____

Have you ever been sued for violation of a confidentiality agreement or non-competition agreement by a Former employer? Yes _____ No _____

Number of years you have made artificial eyes _____

Types of prosthetics you make: Plastic _____ Glass _____ Both _____

Stock Eyes _____ Custom made with impression technique _____ Custom made with Emperical method _____ Custom made with modified technique _____

Number of years you have fit artificial eyes _____

Types of prosthetics you fit: Plastic _____ Glass _____ Both _____

Stock Eyes _____ Custom made with impression technique _____ Custom made with imperial method _____ Custom made with modified technique _____

Do you use Heat Cure acrylic? Yes _____ No _____ Sometimes _____

Do you use cold cure acrylic? Yes _____ No _____ Sometimes _____

Do your patients ever fit themselves from stock eyes in your office? Yes _____ No _____ Some times _____

Do you send selections of eyes to the patient for self fitting? Yes _____ No _____ Some times _____

Do you send away for prosthesis from a supplier of artificial eyes? Yes _____ No _____

Do you, or your sponsor, refer suspected pathological problems to an ophthalmologist? Yes _____ No _____

If you answered "yes" to any of the above questions, please explain on a separate piece of paper



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EDUCATIONAL BACKGROUND

Verification of your most recent education (transcript, diploma, or equivalency) must accompany this application.

You can attach a self attested copy of as many awards and certificate, experience certificates, patient's testimony as possible. Use separate page if required. (Not compulsory but may help us evaluate better)

Name of Institution Years Attended Date of Graduation Degrees

High School _____

College _____

University _____

Other _____

WORK EXPERIENCE

Current Employer

Name _____ Address _____

Phone _____ Email _____

Dates of Employment _____ Work Performed _____

Former Employers

Name _____

Address _____

Phone _____ Email _____

Dates of Employment _____ Work Performed _____

Name _____ Address _____

Phone _____ Email _____



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Dates of Employment _____ Work Performed _____

Name _____ Address _____

Phone _____ Email _____

Dates of Employment _____ Work Performed _____

Substantiation of an applicant's employment and experience is the responsibility of the applicant and will be Verified by the ISO Admission Committee.

BACKGROUND INFORMATION

Have you trained in the fitting and fabrication of ophthalmic prosthetics? Yes _____ No _____

With Whom? _____ Dates for time in training _____

Check which methods you received training for (you may check more than one box): Impression Technique _____
Modified Stock Eye _____ Stock Eye Fitting _____ Empirical _____ Other _____

Describe training you have received



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How many days of the week and hours of the day do you practice ocularistry? _____

What is your present average work week (up to 40 hours)? _____

How many hours are spent at primary training location? _____

How many hours are spent at other than primary training location? _____

Are you supervised during these periods? Yes ___ No ___ Directly ___ Indirectly ___

If indirectly, please explain _____

How much of an average workweek do you devote to:

a) Fitting and fabricating of custom ocular prosthetics (artificial eyes & sclera shells) _____ hrs/wk

b) Duties (non secretarial) directly related to fitting and fabricating ocular prosthesis _____ hrs/wk

c) Secretarial duties related to an ocularist's practice _____ hrs/wk

d) Fitting of stock eye prosthesis _____ hrs/wk

e) Fitting and fabricating maxillofacial prostheses _____ hrs/wk

f) Fitting and fabricating contact lenses _____ hrs/wk

g) Fitting or fabricating spectacles _____ hrs/wk

h) Duties (non secretarial) directly related to (d), (e), (f), and (g) _____ hrs/wk

i) Secretarial/office duties directly related to c), d), f), and g) _____ hrs/wk

j) Describe other duties and how much time you spend on them:

_____ hrs/wk

_____ hrs/wk

_____ hrs/wk

_____ hrs/wk



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HONORS, AWARDS, HOBBIES, INTERERETS

Please indicate your hobbies, special interests, or any other information you feel is pertinent to your Educational profile.

PLEASE READ AND SIGN

I have read the bylaws and rules set forth by the ASO and understand that if I am accepted as a member I must Abide by these bylaws and rules and that my membership is conditional upon that compliance.

I understand that I must participate in the Educational Program and seek a diploma and board approval.

I understand that I must acquire a minimum of 150 education credits every two years, must verify 2000 training Hours per year to a maximum of 10,000 (five years) and accumulate a total of 750 credit hours within seven years.

I understand that I may graduate from the program no sooner than five years and no longer than seven years.

I also understand that if I do not acquire the necessary credits within the specified time period I will no longer be Considered active in the program and therefore, not meeting the requirements of Apprentice.

I understand that all submitted materials become the property of the Indian Society of Ocularists. I also understand that any false or misleading information in this application will be grounds for expulsion from Membership or rejection of this application. I authorize the Society to make confidential investigation of any Qualifications for membership and waive any claim of liability against anyone who provides information to the Society regarding me in good faith. I agree to appear in person, if so requested, before the Admissions Committee, the Grievance Committee, and/or The Board of Directors of the Society on reasonable notice at such place where the committee or board meets in Connection with any membership and this application for membership.



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I understand that the Society does not discriminate on the basis of age, sex, race, religion, sexual orientation or nationality. I have enclosed ₹ 12000/- non refundable application fee with this application.

Having read and answered all question as part of this application, I warrant that the answers to each of these Questions are true.

Dated this _____ day of _____, 20____ at _____

Your name _____

Signature _____

Subscribed and sworn to by _____ before me this _____ day of _____, 20____

Notary Public

Notary Name

My commission expires: _____

My country and State of Residents _____

Valid Only for Indian Origin only

ALL APPLICATIONS MUST BE NOTARIZED UNDER OATH

Seal



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ISO Member Application Checklist

APPLICATIONS MUST INCLUDE

Apprentices (applications must be received at least 60 days prior to next conference)

- Completed Application _____
- Must be notarized
- Photo (at least 2x2, color) _____
- Sponsor Letter (must be a BCO (USA) or ISO Board member) _____

Associates (Applications must be received at least 60 days prior to next conference)

- Completed Application _____
- Must be notarized
- Photo (at least 2x2, color) _____
- Transcripts or Diploma _____
- Must be most recent
- Prosthesis _____ & Scleral Shell _____
- Non refundable Application Fees DD of ₹ 12000/- payable in Mumbai
- Two Recommendation letter of Oculoplasty surgeon
- Address proof - self attested
- PAN Card / Passport copy 1st & Last page – self attested

Complete Applications and all requested information must be sent to:

Chandrashekhhar Chawan,

Secretary

Indian Society of Ocularists

109 Falcon Court, Hari Om Nagar, Mulund (E), Mumbai 400081 India.

P: 022 25327459 F: 022 25327410 C: 09833270111