

APPLICATION FORM

- Complete the FIAOMC application below.
- Submit the application to your section fellowship chair:
Jaume Pauné, OD, FIAOMC, PhD or Juan Bolívar, OD, FIAOMC:
eurok.fellowship@gmail.com

1. GENERAL INFORMATION

Name of Applicant (include credentials, eg. OD, PHD, etc)	
Sex	
Phone	
Email address:	
Preferred method of contact (if wechat or whatsapp, please include your ID)	
Address	
Other information	

Education (beyond high school):

Institution	Degree	Date

Professional Certification/Fellowships/Licenses

Institution	Description	Designation	Date

2. PROFESSIONAL ACTIVITIES

Professional Organization/Society Memberships (including IAOMC)

Organization	Date joined	Status
IAOMC		

How many hours of post graduate education have you completed in the past 12 months?

Please list the approximate percentage of time you engage in:

Private optometric clinical practice	
Private ophthalmologic clinical practice	
Gvmt/federal optometric/ophthalmologic service	
Educator/lecturer	
Research	
Other (please describe)	
Total	100%

Employment history since graduation

Clinical: list specialties and name of partners if group practice

Educators: list subjects taught; Researcher, list area of emphasis)

Company/Institution and location	Position	Date (s)

3. ORTHOK EXPERIENCE

How many orthoK fits do you see in your practice each month?

New Fitting	Refitting	Follow up

Name of your topographer	Model

Name of your AXL biometer	Model

List all the orthoK lenses you have employed

Manufacturer/Lens	Approximate # fitted	Level of proficiency (1 minimal - 5 expert)

What lens manufacturers do you plan to use when submitting your cases?

What solutions do you recommend for orthoK molds?

Surfactant	Disinfection	Rinsing	Periodic/Deep Cleaning

4. PAST HISTORY

Have you been convicted of a felony in any jurisdiction in which you hold a license or right to practice? YES NO

Have you ever had your license revoked, suspended, received an official reprimand/warning? YES NO

Had a complaint filed against you with your state/national professional or consumer organization? YES NO

If so, please explain in detail:

5. MOTIVATION

Please provide a one-page document detailing why you wish to pursue an FIAOMC and what you plan to do for the Academy after attaining your fellowship.

6. CERTIFICATION OF UNDERSTANDING

If accepted for candidacy, I understand:

- I will pay 30% of the full testing fee to submit the case 1 abstract.
- I will pay the balance of the full testing fee when I submit case 1.
- That if any of the cases I submit were not performed by me exclusively, I will be banned from re-application.
- I have 12 months from the date of the application to complete my testing. After that date it will be necessary to reapply and if accepted, pay the new testing fee.
- Refunds:
 - If I cannot provide a suitable case 1 abstract, I must wait 6 months and may resubmit a case for no additional testing fee. If this attempt fails, there will be no refund and you must resubmit an application.
 - If I fail any other part of the testing, there is no refund. I must reapply and pay the full retesting fee.
- I certify that I have
 - attained the IACMM
 - been a continuous member of the IAOMC for at least the past two years
 - I have attended a section meeting or EUROK International Meeting within the last 3 years (date attended:

- I certify that the answers I have provided in the above application are accurate and truthful. I understand that if I have provided any false information, I will be banned from sitting for the fellowship exam.
- I understand that as part of the application process, my professional background will be investigated through the use of a colleague interview, social media, etc. I give my permission for this to occur.

Applicant signature

Return this application to your section fellowship chair and you will be contacted with their decision.