

# APPLICATION FORM

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

Institution	Hours	Topic

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

Company/Institution and location	Position	Date (s)

### 3. MYOPIA MANAGEMENT EXPERIENCE

How many myopia management cases do you see in your practice each month?

Name of your AXL biometer	Model

List all the orthoK lenses/myopia control lenses you have employed

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

### 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 IACMM and what you plan to do for the Academy after attaining your certification.

## 6. CERTIFICATION OF UNDERSTANDING

If accepted for candidacy, I understand:

- If I fail any portion of the test, I may repeat the test once at no charge but if I fail twice I must reapply and pay a new fee.
- .If I do not pass any portion of the testing I have two years from the application date to attain a passing score or I will need to reapply and pay the full application fee again.
- 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 any Accreditation 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.
- I certify that I have
  - been a continuous member of the IAOMC for at least the one year
  - I have attended an IAOMC educational event within the last 3 years
  - I have access to a biometer

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Applicant signature

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