

American Academy of Optometry  
**Section on Cornea and Contact Lenses**

**Application for Diplomate Candidacy**

DATE \_\_\_\_\_ Indicate if you applying for:

Clinical Diplomate \_\_\_\_\_ Research Diplomate \_\_\_\_\_ Refractive Diplomate

1. Full Name: \_\_\_\_\_ 2. Office

Address: \_\_\_\_\_

\_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ 3.

Home

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

IF YOU ARE APPLYING FOR THE CLINICAL DIPLOMATE, PLEASE INDICATE IN WHICH YEAR YOU PLAN TO TAKE THE EXAMINATIONS:

WRITTEN \_\_\_\_\_

CLINICAL/SLIDE \_\_\_\_\_

PRACTICAL \_\_\_\_\_

ARE YOU A FELLOW OF THE ACADEMY? \_\_\_\_\_

DO YOU PERSONALLY KNOW TWO CURRENT DIPLOMATES WHO COULD SERVE AS "MENTORS"? (Please list their names).

1. \_\_\_\_\_

2. \_\_\_\_\_ IF NOT, WOULD YOU LIKE THE SECTION TO ASSIGN SOMEONE? \_\_\_\_\_

**INCLUDE WITH THIS FORM**

A. A current curriculum vitae which includes your educational background and a resume of your activity in the contact lens field. Include postgraduate training, teaching experience, research, publications and activities with other contact lens organizations.

B. Application fee of \$100 (U.S.) payable to: **THE AMERICAN ACADEMY OF OPTOMETRY**

**Check enclosed**

**Credit card #**

**Expiration Date**

**Signature**

C. A current photograph of yourself.

**SEND TO:**

**Diplomate Award Program**

**Section on Cornea & Contact Lenses**

American Academy of Optometry

6110 Executive Blvd, Suite 506

Rockville MD 20852 USA

**(NOTE: PLEASE DO NOT SEND CASE REPORTS TO THE ACADEMY OFFICE!!)**

