

Category II Application



**ASOPRS Membership Application - Category II**

*Application deadlines are May 1 and September 1*

*See [Membership Guidelines](#) for more details*

First Name	MI	Last	Suffix
Phonetic Spelling of Name		Gender	Birthday (MM/DD/YY)
Citizenship			
Preferred Mailing Address			
City	State	Zip	Country
Office Phone		Office Fax	
Cell Phone	Email	Assistant's email (optional)	

State Licensures \_\_\_\_\_ Date \_\_\_\_\_

Date of American Board of Ophthalmology (ABO) Certification: \_\_\_\_\_

**REQUIRED: Enclose a copy of ABO Certificate OR date certification will be complete: \_\_\_\_\_**

As a full voting member of ASOPRS, you must be a fellow of the American Academy of Ophthalmology (AAO).

Please check here to attest that you are a member of the AAO.

Premedical Education (Institution) \_\_\_\_\_

Degree \_\_\_\_\_ Dates \_\_\_\_\_

Medical Education (Institution) \_\_\_\_\_

Degree \_\_\_\_\_ Dates \_\_\_\_\_

Internship \_\_\_\_\_

Dates \_\_\_\_\_

Residency \_\_\_\_\_

Specialty \_\_\_\_\_ Dates \_\_\_\_\_

Fellowships & Post-Graduate Training \_\_\_\_\_

Type \_\_\_\_\_ Dates \_\_\_\_\_

List Fellowship Director(s): \_\_\_\_\_

Submission of a chronological list of surgical procedures. On a separate sheet, list by type of case, number of cases performed, and out of the total cases done, on how many you were primary/assistant. (Surgical Log template available [online](#).) The template may be used as a guide in developing your list of surgical procedures; use of the template is not required.

Operative Reports (up to five copies of each applicable code). Up to five copies refers to a CPT code that you performed (10) surgeries under. In this case, you would submit five of the corresponding operative reports and not all (10).

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Teaching Experience and/or University Affiliation

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Attach Curriculum Vitae

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Medical Society Memberships

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References from two active ASOPRS members, Fellowship Director and the Residency Program Director are required and may be sent directly to the Executive Office at [info@asoprs.org](mailto:info@asoprs.org). Hardcopy letters are not required.

Please list from whom the letters will be received:

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

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

It is the applicant's responsibility to ensure the letters are sent to the Executive Office by the applicable deadline.

The **full** application must be emailed to [info@asoprs.org](mailto:info@asoprs.org) and include:

- Completed Application with Payment
- ABO Certificate
- Curriculum Vitae
- Applicant Photo (jpg preferred)
- Chronological list of surgical procedures performed over the preceding twelve (12) months with a copy of the operative reports (up to five copies of each applicable code), and indication whether the applicant was the surgeon or an assistant. All documents must be in English.

*Please Note: Incomplete membership applications will not be accepted or reviewed and will be postponed until the next membership deadline.*

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## **Application fee: \$400.00 USD**

**Payment Method:**  MasterCard  Visa  American Express  Check # \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Credit Card Expiration Date (Month/Year):** \_\_\_\_/\_\_\_\_