



## APPLICATION FORM FOR OAO MEMBERSHIP

Membership fees are payable annually on November 01. Membership fees are outlined in the by-laws and are amended by a vote of the members in the Annual General Meeting (AGM). Payment is accepted by cheque or credit card. (For further payment details see 'Fee Payment Options' form)

Cheques should be made payable to: *Ontario Association of Optometrists*. Applications for membership are limited to those who practice in Ontario. According to By-Law No. 3.1, all applications are subject to the policies set from time to time by the Board of Directors and are subject to the approval of the Board of Directors.

**First Name**

**Last Name**

**College Registration No.**

I, the undersigned, hereby apply for a membership in the **Ontario Association of Optometrists (OAO)**. I agree to abide by its constitution, bylaws, and *Ethical Guide for OAO Members*, and to promptly advise the OAO of any change in practice location.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**As an OAO member I understand and agree that my name, practice address (es) and practice phone number will be posted on the OAO website for public access through the 'Find an Optometrist' program'.**

**Unless otherwise stated, information (other than noted above) requested in the following pages is kept confidential and will be used by OAO solely to:**

- **Develop policy and proposals advocating for the profession with the Ontario government.**
- **Evaluate and expand member resources, benefits programs and services.**

## OUTREACH AND COMMUNITY AND PROFESSIONAL AFFILIATIONS

Are you a member of a local Society Group/Chapter?  Yes  No

If yes, what Society Group/Chapter are you a member of? \_\_\_\_\_.

Would you be willing to speak on radio, television or to a Print Journalist about optometric issues?  Yes  No

Are you interested in participating in political advocacy for the profession? (*Ex.: Contact your MPP or participate in a political fundraiser?*)  Yes  No

Are you willing to participate on behalf of the OAO in community events such as health fairs, presentations to local groups, schools or companies? Yes  No

What local community club or professional association do you belong to? \_\_\_\_\_

## EDUCATION AND TRAINING

Accredited Professional Optometric Degree Obtained

From: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Or

Completed the International Optometric Bridging Program

Degree obtained from: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Degrees and Professional Designations (eg. FAO, MSc, etc) \_\_\_\_\_

## MAILING INFORMATION

Where should Association mail be sent? (*Note: deliveries to a home address may be delayed*)

Primary Office  Home

## HOME ADDRESS\*

Home Address\* \_\_\_\_\_

CANADA

City\* \_\_\_\_\_

Province\* \_\_\_\_\_

Postal Code\* \_\_\_\_\_

Country \_\_\_\_\_

Area code\* \_\_\_\_\_

Telephone\* \_\_\_\_\_

Area code \_\_\_\_\_

Cell number \_\_\_\_\_

E-mail \_\_\_\_\_

Male  Female

Date of birth (dd/mm/yy)



### PRIMARY OFFICE LOCATION

Business/practice Name

Address

CANADA

City

Province

Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

County

**Nearest**

**Intersection:**

### SECONDARY OFFICE LOCATION

Business/Practice Name

Address

CANADA

City

Province

Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

County

**Nearest**

**Intersection:**

### THIRD OFFICE ADDRESS

Business/Practice Name

Address

CANADA

City

Province

Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

County

**Nearest**

**Intersection:**



## FOURTH OFFICE ADDRESS

Business/Practice Name

Address

CANADA

City

Province

Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

County

**Nearest**

**Intersection:** \_\_\_\_\_

## FIFTH OFFICE ADDRESS

Business/Practice Name

Address

CANADA

City

Province

Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

County

**Nearest**

**Intersection:** \_\_\_\_\_

## PATIENT/PUBLIC REFERRAL

OAO receives calls from the public inquiring about services provided by optometrists. The following lists are the most frequently 'asked for' optometric services.

COMPLETE this section if you wish OAO to 'refer' patient/public inquiries to YOU in your practice when asked for an optometrist that provides these optometric services.

This is applicable to the following three sections:

- Optometrist Services
- Facilities at the Optometrists' Office
- Languages spoken by the Optometrist

Step 3: Join the OAO

## Optometrist Services

EYE SEE ... EYE LEARN PROGRAM MEMBER

YES

NO

Infant Examinations (6 – 24 mos)	<input type="checkbox"/>	Sports Vision	<input type="checkbox"/>
Pre-School Children Examinations (2 – 5 yrs)	<input type="checkbox"/>	Vision Therapy/ Binocular Vision Training	<input type="checkbox"/>
Home Visits	<input type="checkbox"/>	Visual Perception Testing	<input type="checkbox"/>
Visits to Institutions	<input type="checkbox"/>	Low vision	<input type="checkbox"/>
Physically challenged patient care	<input type="checkbox"/>	Low Vision Assistive Devices Program (ADP) Authorizer	<input type="checkbox"/>
Mentally/developmentally challenged child care	<input type="checkbox"/>	Low Vision ADP Vendor	<input type="checkbox"/>
Mentally/developmentally challenged adult care	<input type="checkbox"/>	Specialty contact Lenses:	<input type="checkbox"/>
Glaucoma care	<input type="checkbox"/>	Orthokeratology/ Corneal refractive therapy	<input type="checkbox"/>
Laser Refractive Pre/Post-Operative Care	<input type="checkbox"/>	Scleral lenses	<input type="checkbox"/>
Occupational Safety	<input type="checkbox"/>	Contacts for Keratoconus	<input type="checkbox"/>
Other:		Hard contacts/ rigid gas permeables	<input type="checkbox"/>

## Facilities at the Optometrists' office

Practice Services	1	2	3	4	5	Practice Services	1	2	3	4	5
Dispensing Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESEL Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Chair Accessible Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Optical Coherence Tomography (OCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Chair Accessible Examination Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heidelberg Retinal Tomography (HRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicapped Washroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corneal Topography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual Fields - automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:						Digital Retinal Imaging/ Fundus Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 3: Join the OAO



### Languages spoken by the Optometrist

Arabic	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	Korean	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Kutchi	<input type="checkbox"/>
Burmese	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>
Finnish	<input type="checkbox"/>	Singhalese	<input type="checkbox"/>
French	<input type="checkbox"/>	Slovak	<input type="checkbox"/>
German	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Swahili	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>	Ukrainian	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Yiddish	<input type="checkbox"/>
Other:			

Step 3: Join the OAO