

Who Can Join the American Academy of Ophthalmology?

The AAO invites membership from any practicing ophthalmologist or medical doctor currently enrolled in an ophthalmology training program. Ophthalmologists from any country can join.

What Are the Benefits of Membership?

The AAO is always at your service. As an AAO member, your exclusive benefits offer the advantages needed to provide the highest standard of care. To serve your continuing clinical education, practice management and patient needs, your member benefits are at work for you around the clock.

For Your Continuing Clinical Education

- **No registration fee for the AAO's Annual Meeting**
- **Print subscription to *Ophthalmology***, the AAO's scientific journal.
- **Access to the Ophthalmic News & Education (ONE™) Network**, including full text access to: *Ophthalmology*, *American Journal of Ophthalmology*, *Survey of Ophthalmology*, *Ophthalmology Clinics of North America*, and the *British Journal of Ophthalmology*.
- **Access to Epocrates Online Drug and Disease Lookup Tool** for point-of-care support
- **Online access to *EyeNet***, the AAO's monthly magazine. Subscriptions available to international members at a discounted rate.
- **Subscription to *Academy Express***, the AAO's weekly electronic newsletter
- **CME Reporting and Transcripts**

For Your Professional Needs

- **Discounts on AAO products, programs, materials, and services**
- **Listing in *Find an Eye MD***, the AAO's online listing of practicing members
- **Access to "members only" sections of the AAO's website www.aao.org**
- **Access to the AAO.org community** with photo-sharing, groups, blogs and more.

For Your Practice Management Needs

- **American Academy of Ophthalmic Executives (AAOE)**, a partner of the American Academy of Ophthalmology, providing tools and professional development programs designed to help with critical practice and business management tasks.

For Younger Members^

- **Subscription to YO Info™**, the AAO's monthly e-newsletter for young ophthalmologists

Exclusively for International Members

- **International Center Site**, located on the AAO website, www.aao.org/international
- **News and Notices for International Members**, a monthly e-newsletter for AAO members outside the United States.
- **International Ophthalmologist Education Award/International Scholar Award** – both awards recognize international members for their pursuit of lifelong education in ophthalmology.

To Join

STEP 1 Select the type of membership you qualify for: International Member (\$495 USD) or International Member in Training (\$160 USD).

Please Note: If you are applying for the International Member in Training category, verification of training must be submitted with the application. You must either attach an official letter of acceptance to the program or have your program director/chair complete the Training Verification section of the application.

STEP 2 Complete the application in its entirety. All required sections of the application must be completed including your medical education. **Applications that are not complete will not be processed.**

STEP 3 Provide 2 names of any practicing ophthalmologists as references to support your application.

STEP 4 Sign and date the completed application. Mail or fax it to the AAO, attention Member Services with your application fee. This fee covers your membership from the date we receive and process your application through December 31.

A new member pack will be mailed to you within three to five weeks after we receive your completed application. This information will confirm your status as a *Candidate* for membership. Upon receiving the confirmation, you may begin ordering educational materials at the member price. Other member benefits, such as your subscription to *Ophthalmology Journal*, will commence within four to six weeks.

Please Note: If you have not received your new member pack within three to five weeks, please contact Member Services.

Final membership approval is subject to the recommendation of the Board of Trustees and election by a vote of the membership at the Annual Business Meeting in the fall.

QUESTIONS: CONTACT MEMBER SERVICES AT +1.415.561.8581, BY FAX AT +1.415.561.8575, OR BY E-MAIL AT MEMBER_SERVICES@AAO.ORG

Application for: (please check one)

International Member
(for practicing ophthalmologists outside the U.S.)

APPLICATION DEADLINE JULY 15

International Member in Training
(for medical doctors enrolled in ophthalmology training programs outside the U.S.)

APPLICATION DEADLINE AUGUST 15

Personal Information

Please type or print *clearly* all information exactly as you would like it to appear in your AAO records and files.

Family/Surname			
First Name		Middle Initial	

Preferred mailing address for all AAO correspondence. This is **Office address** **Home address** (Important: please check one)

Street Address			
City			
State/Province/District (if applicable)			
Country			
Postal Code			
Office Phone Number (Please include country/city code)			
Office Fax Number (Please include country/city code)			
Primary E-mail (Your personal e-mail address that cannot be a shared or group e-mail)			
Web Site Address			

The AAO will protect your e-mail address from inappropriate use.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (dd/mm/yy)	
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Please continue to next page

Applicant Name

Medical Training Complete all information relevant to your medical training, licensing, and certification.

Name of University/School

City and Country

Degree/Diploma
(e.g. MD, DO, MBBS)

Month/Year
(mm/yy)

Formal Training in Ophthalmology (Required)

Name of University/School

City and Country

Beginning Date
(mm/yy)

Completion Date (or expected completion date)
(mm/yy)

Other Training in Ophthalmology (Optional)

Name of University/School

Professor/Chair Name

Type of Study
(e.g. cornea, glaucoma, retina)

Beginning Date
(mm/yy)

Completion Date (or expected completion date)
(mm/yy)

Postgraduate Degrees Other than Formal Medical Degree (Optional)

Name of University/School

Type of Study
(e.g. cornea, glaucoma, retina)

Degree/Diploma
(e.g. MD, DO, MBBS)

Month/Year
(mm/yy)

Licensing & Certification

Do you have a valid and unrestricted license to practice medicine? Yes No

If no, explain: _____

Which state/country? _____ Date you began to practice ophthalmology (mm/yy) _____

Certified by the American Board of Ophthalmology: Yes No Date of certification (mm/yy) _____

Certified by the American Osteopathic Board of Ophthalmology Yes No Date of certification (mm/yy) _____

Certified by another board (attach copy of certificate): Yes No Date of certification (mm/yy) _____

Name of any other certifying board (attach copy of certificate): _____

Please continue to next page

References

Applicant Name
(Please print your full name)

Applicants applying for International Member must provide the names of two practicing ophthalmologists that support their application to become a member of the American Academy of Ophthalmology.

(Please print name clearly)

(Please print name clearly)

By providing these names you are giving the AAO permission to contact these references to verify support of your membership.

Training Verification Applicants applying for International Member in Training must complete this section

If you are currently in a training program, we will need the following verification from your program. The Chair or Director of your formal ophthalmology training program is required to complete the section below or you may attach a copy of your letter of acceptance (begin and end dates of training must be included in the letter).

I, (Name of Program
Chair/Director)

certify that I am the Chair/Director of the training program shown below and that the Applicant is currently enrolled in this formal approved ophthalmology training program.

This is a (please check one) **Residency Program** (or formal training in ophthalmology) **Fellowship Program**

Type of Study
(e.g. cornea, glaucoma, retina)

Name of School or Program

Beginning Date
(mm/yy)

Completion Date (or expected completion date)
(mm/yy)

Signature
Program Chair/Director

Date

Practice Restrictions

Have you been convicted of a felony (serious crime) within the last seven years?

Yes **No**

(If yes, please explain fully on a separate sheet of paper and attach to the application)

Have you ever had hospital privileges denied, revoked, conditioned, suspended, limited, qualified or subjected to the terms of probation or restricted; had a health maintenance organization, preferred provider arrangement, or other managed health care plan deny or revoke your status as a participating provider; had your license to practice medicine in any state

or country expire or surrendered; or had your license to practice medicine in any state or country or the conduct of your practice of medicine in any state or country revoked, conditioned, suspended, limited, qualified, subjected to the terms of probation or restricted by a court or administrative agency?

Yes **No**

(If yes, please explain fully on a separate sheet of paper and attach to the application)

Have you voluntarily surrendered your hospital privileges?

Yes **No**

(If yes, please explain fully on a separate sheet of paper and attach to the application)

BY SIGNING AND SUBMITTING THIS APPLICATION, I AGREE THAT I HAVE READ AND FULLY UNDERSTOOD IT, AND I AGREE THAT EACH OF THE FOLLOWING STATEMENTS ARE TRUE: All information submitted on or in support of this application is true, accurate, and complete. I understand and agree that all such information is subject to review and verification by or under the supervision of the Board of Trustees of the American Academy of Ophthalmology ("Academy"). I authorize and consent to that review and verification and all inquiries and good faith disclosures about me that may be made in the course of that verification process. I authorize all persons who have information about me to report such information to the Academy. I hereby waive and release, indemnify, and hold harmless the Academy and its Members, Trustees, officers, employees, and representatives, the endorsers of this application, and all other persons and entities, or any of them, seeking, obtaining, providing, disclosing or acting upon any such information about me, from, against, and with respect to any and all claims, losses, costs, expenses, damages, liabilities, and judgements of any kind arising, or alleged to have arisen, out of, with respect to, or in any

connection with seeking, obtaining, providing, disclosing, or acting upon any such information. I understand that I may become a Member of the Academy only upon the affirmative recommendation of the Board of Trustees of the Academy and my subsequent election to that status by the voting Fellows and Members of the Academy. *I agree to comply with the Academy's Code of Ethics as a condition of initial and continued membership in the Academy.* I understand and agree that if I am elected a Member of the Academy, my continued status as a Member will be subject to all of the terms and conditions of the Bylaws of the Academy, and that the Board of Trustees of the Academy may revoke my membership if this application contains or is supported by information that omits or contains a substantial misstatement of any fact required or permitted by this application or the related instructions to be included on or submitted with or in support of this application.

The American Academy of Ophthalmology does not discriminate in membership as to race, national origin, religion, creed, gender or sexual preference.

Signature of Applicant		Date	
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The AAO will notify you of your candidacy status following verification and confirmation of your application and references. Final membership approval is subject to the recommendation of the Board of Trustees. A list of Candidates will be updated regularly and posted on the AAO's website throughout the recruitment period. Election to membership is conducted by vote at the Annual Business Meeting held during the AAO's Annual Meeting in the fall of each year.

Application Fee (Application fee is non-refundable)

Please check your fee amount:

- International Member** \$495 USD
- International Member in Training** \$160 USD

Please check your method of payment:

- | | | |
|-----------------------------------------------|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> check | <input type="checkbox"/> money order | <input type="checkbox"/> cashier's check |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Discover | <input type="checkbox"/> JCB | <input type="checkbox"/> bank draft |
| <input type="checkbox"/> wire transfer | | |

Make check, money order, cashier's check or bank draft payable on a U.S. bank in U.S. dollars to the American Academy of Ophthalmology. **Payment must be enclosed with your application.**

To wire transfer funds to the AAO, use the following bank information:

For International Transfers:
 Wells Fargo Bank, NA
 San Francisco, CA
 Swift #: WFBIUS6WFFX
 Account #: 4121478242
 Account Name: American Academy of Ophthalmology
(Please include full name on transfer)

For Domestic Transfers:
 Wells Fargo Bank, NA
 San Francisco, CA
 ABA #: 121000248
 Account #: 4121478242
 Account Name: American Academy of Ophthalmology

Signature			
Card Number		Expiration Date (mm/yy)	
Name on Card			
Cardholder's Address			
City/State/Zip			
Country			

Please return your completed application to:
 American Academy of Ophthalmology
 Dept #34048
 P.O. Box 39000
 San Francisco, CA 94139
 USA

Fax your completed application to:
 +1.415.561.8575

Please direct inquiries to:
 American Academy of Ophthalmology
 Member Services
 655 Beach St.
 San Francisco, CA 94109-1336
 USA
 Tel: +1.415.561.8581
 Fax: +1.415.561.8575
 E-mail: member_services@aao.org

Market Code: _____

Do not write in this space; for accounting only:

Date Pmt. Rec'd _____

Date Processed: _____

Lockbox Batch #: (if applicable) _____

Amt.: _____

Staff Initials: _____

ISRS



Become a member of the International Society of Refractive Surgery (ISRS), a partner of the American Academy of Ophthalmology.

ISRS keeps you up-to-date on the latest clinical and research developments in refractive, cornea, cataract and lens-based surgery. Members are connected to the world's leading refractive surgeons from over 80 countries through its innovative meetings, publications and online educational tools.

ISRS member benefits and services include:

- Access to the ISRS Multimedia Library, a robust education resource offering videos, presentations and conversations in refractive, cataract and cornea
- Subscription to *Journal of Refractive Surgery*, the official publication of ISRS
- Subscription to *Refractive Surgery Outlook*, a monthly clinical e-newsletter
- Reduced registration for the Refractive Surgery Subspecialty Day, the ISRS Annual Meeting
- Access to Members Only content on the ISRS website
- Free online listing for your practice in *Find a Refractive Surgeon*

For additional information about ISRS membership, call +1.415.561.8581, e-mail member_services@aao.org or visit www.isrs.org.

AAOE



Join the association dedicated to addressing the needs of those responsible for managing the business side of an ophthalmic practice, The American Academy of Ophthalmic Executives (AAOE).

What is AAOE?

The American Academy of Ophthalmic Executives (AAOE) is the practice management arm of the American Academy of Ophthalmology. Academy members and their staff rely on AAOE to learn best practices and keep up to date on the business aspects of practice. Membership in AAOE is open exclusively to Academy members and their staff.

Member Benefits and Services include:

- AAOE News, a monthly newsletter featuring links to: *The Coding Bulletin*, *The Executive Update*, and *Techniques*
- *EyeNet Magazine*, which includes Practice Perfect and the Savvy Coder (10 issues/year)
- Subscription access to four AAOE listservs: E-Talk, E-Expert, E-Retina and E-Code
- The Academy's Customized Coding Answer Service
- Dynamic website to keep you up to date on coding, PQRI, E-Prescribing, EHR, plus regulatory and other practice management topics and issues.

For additional information about AAOE membership, call +1.415.561.8581, e-mail aaoe@aao.org or visit www.aao.org/joinaaoe.

Member benefit!
No registration fee for
Academy members.

See you in Chicago for the Joint
Annual Meeting of the American
Academy of Ophthalmology.

Visit www.aao.org/2012



 AMERICAN ACADEMY
OF OPHTHALMOLOGY
The Eye M.D. Association