

Who Can Join the American Academy of Ophthalmology?

The Academy 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 Academy is always at your service. As an Academy 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 Academy's Annual Meeting**
- **Print subscription to *Ophthalmology***, the Academy'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
- **Subscription to *EyeNet***, the Academy's monthly magazine—also available to members online at EyeNetMagazine.org.
- **Subscription to *Academy Express***, the Academy's weekly electronic newsletter.
- **CME Reporting and Transcripts** The AAO is accredited to provide *AMA PRA Category 1™* CME credits by the Accreditation Council for Continuing Medical Education (ACCME).

For Your Professional Needs

- **Discounts on Academy products, programs, materials, and services**
- **Biographical listing** in *Find an Eye MD*, the Academy's online listing of practicing members.
- **Access to "members only" sections of the Academy's website www.aao.org**
- **Access to the AAO.org Community** with photo-sharing, groups, blogs and more.
- **Eligibility to apply for Academy sponsored insurance programs through:**
 - Ophthalmic Mutual Insurance Company (OMIC)**: including Professional Liability, Fraud & Abuse, Employment Practices Liability, Business Owners, Directors & Officers Liability, Workers' Compensation.
 - Marsh U.S. Consumer**: including Term Life, Disability Income, Office Overhead Expense, Long Term Care, Medicare Supplement, Catastrophic Major Medical, Individual and Small Business Group, International Medical Coverage.
- **NAS Insurance Agency** providing access to business insurance products designed specifically for Academy members, including a Business Package Policy, Broad Regulatory Protection Policy, Workers Compensation, Employment Practices Liability, Managed Care Errors and Omissions, Directors and Officers Liability, eMD Liability, and Regulatory Business Interruption insurance.

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.
- **SimplifEye™**, an ophthalmic purchasing program from Henry Schein, Inc., offering specially negotiated preferred pricing on hundreds of medical, surgical, and front office supplies.
- **Eligibility to apply for a WorldPoints™ Credit Card (Bank of America)**
- **TSYS Merchant Solutions** payment processing service

For the Benefit of Your Profession and Patients

- **EyeSmart™**, a U.S.-based public awareness campaign that empowers the public to take charge of their eye health.
- **Advocacy** The Academy is your voice in governmental affairs.

To Join

STEP 1

Select the type of membership you qualify for: **Active Fellow, Member, Osteopathic Fellow, or Member in Training.**

Please Note: If you are applying for the 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.

First and Second Year in Practice categories will be based on the last completed training program.

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 Academy, 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 packet 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* and *EyeNet Magazine*, will commence within four to six weeks.

Please Note: If you have not received your new member packet 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 OUR TOLL FREE NUMBER 866.561.8558 EXT. 581, 415.561.8581, BY FAX AT 415.561.8575, OR BY E-MAIL AT MEMBER_SERVICES@AAO.ORG

Application for: (please check one)

APPLICATION DEADLINE JULY 15

- Active Fellow** (for practicing ophthalmologists in any country certified by the American Board of Ophthalmology or the Royal College of Physicians and Surgeons)
- Active Osteopathic Fellow** (for practicing osteopathic ophthalmologists in any country, certified by the American Osteopathic Board of Ophthalmology)
- Active Member** (for practicing ophthalmologists in any country)
- Second Year In Practice** (U.S. practicing ophthalmologists only)
- First Year In Practice** (U.S. practicing ophthalmologists only)

APPLICATION DEADLINE AUGUST 15

- Member in Training**
(for medical doctors enrolled in an ophthalmology training program in the U.S.)

Personal Information

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

Last Name	<input type="text"/>		
First Name	<input type="text"/>	Middle Initial	<input type="text"/>

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

Practice Name (if applicable)	<input type="text"/>		
Apartment or Suite Number	<input type="text"/>		
Street Address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>		
State/Province	<input type="text"/>		
Country	<input type="text"/>		
Postal Code	<input type="text"/>		
Office Phone Number	<input type="text"/>		
Office Fax Number	<input type="text"/>		
Primary E-mail (Your personal e-mail address that cannot be a shared or group e-mail)	<input type="text"/>		
Web Site Address	<input type="text"/>		

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

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

Applicant Name

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

Name of Medical School

City and State

Degree(s)
(e.g. MD, DO, MBBS)

Month/Year
(mm/yy)

Formal Training in Ophthalmology (Required)

Name of School or Program

City and State

(City and Country for outside U.S.)

Beginning Date
(mm/yy)

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

Other Training in Ophthalmology (Optional)

Name of School or Program

Director/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 School or Program

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

Degree(s)
(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 Active Fellow, Osteopathic Fellow or 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 Academy permission to contact these references to verify support of your membership.

Training Verification

 Applicants applying for 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 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 Academy will notify you of your candidacy status following verification and confirmation of your application and references. A list of Candidates will be updated regularly and posted on the Academy's website throughout the recruitment period. Election to membership is conducted by vote at the Annual Business Meeting held during the Academy's Annual Meeting in the fall of each year.

Application Fee (Application fee is non-refundable)

Please check your fee amount:

- Active Fellow, Osteopathic Fellow, and Member** \$900
- Second Year in Practice** \$650
- First Year in Practice** \$425
- Member in Training** waived

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 Academy, 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 Billing 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
 Fax your completed application to:
 415.561.8575

Please direct inquiries to:
 American Academy of Ophthalmology
 Member Services
 655 Beach St.
 San Francisco, CA 94109-1336
 Tel: 415.561.8581
 Fax: 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: _____