

OKAP® International Application

Interested in having your residents take the Ophthalmic Knowledge Assessment Program (OKAP®) International in-service exam? Complete this application and return it by email to okapint@aao.org or fax to +1-415-561-8595.

Program Full Name: _____

Program Phone: _____ Program Website: _____

Program Address: _____

City: _____ State / Province: _____

Postal Code: _____ Country: _____

Program Director Name: _____

Program Director Email: _____

Program Coordinator Name: _____

Program Coordinator Email: _____

Number of Residents in Program: _____ Number of Residents Taking Exam: _____

Academic Year Start: _____ Academic Year End: _____

Preferred Dates for Exam: Option 1: _____ Option 2: _____

Programs are encouraged to take the exam in June or July.

Preferred Time of Day for Exam: Morning Afternoon No Preference

Will special accommodations due to disabilities be needed? Yes No

If yes, please explain: _____

American Academy of Ophthalmology

Phone: +1-415-447-0398 | Fax: +1-415-561-8595 | okapint@aao.org

For Internal Use Only: ID #: _____ Date: _____ Location: _____
of Exams: _____ Price: _____ Total: _____ Order #: _____