



OKAP® International Exam Application

Interested in having your residents take the Ophthalmic Knowledge Assessment Program (OKAP®) International in-service exam? Complete this application and return it to okapint@aao.org.

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 between April and September.

Preferred Time of Day for Exam: Morning Afternoon No Preference

Will special accommodations due to disabilities be needed? Yes No

If yes, please explain: _____