

CONTACT & DEMOGRAPHIC INFORMATION

If business name and address are not provided, the member will not appear in the Doctor Locator website.

CONTACT PREFERENCE: HOME BUSINESS

Home Address:

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Cell: (_____) _____

Email: _____

Business / Practice Name:

Business / Practice Address:

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email: _____

Date of Birth: _____ Gender: Male Female Choose Not to Disclose
mm / dd / yyyy

Marital Status: Single Married Divorced Widowed
 Partner Unknown Choose Not to Disclose

Name of Spouse: _____

Political Affiliation: Democrat Republican Independent Libertarian
 Green Unknown Choose Not to Disclose

Ethnicity / Race: Hispanic / Latino origin? Yes No and / or

White Black / African-American Asian Native American Alaska Native / Pacific Islander
 Other _____

Military Service:

BRANCH:

Army Marine Corps Navy
 Air Force Coast Guard National Guard

STATUS:

Active Inactive Deactivated
 Reserves Retired

OPTOMETRIC INFORMATION

Optometry School(s) Attended: _____ Year of Graduation: _____

Licenses Obtained:

State(s): _____ Year(s): _____ NPI Number: _____

VERIFICATION OF EDUCATOR STATUS

THIS INFORMATION IS REQUIRED TO PROCESS THIS APPLICATION

It is the affiliate's responsibility to obtain verification from the school or college of the member's educator status. The application cannot be processed with missing or incomplete verification information.

Is the member considered full-time by the school or college? Yes No

Does the member engage in the practice of optometry less than 16 hours per week? Yes No

If the answers to both above questions are yes, the member meets the qualifications for optometric educator membership

SCHOOL / COLLEGE OF CURRENT EMPLOYMENT:

SCHOOL / COLLEGE CITY & STATE:

POSITION HELD:

- | | | |
|---|--|---|
| <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Clinical Instructor | <input type="checkbox"/> Lecturer |
| <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Professor | <input type="checkbox"/> Professor Emeritus |
| <input type="checkbox"/> Clinical Asst. Professor | <input type="checkbox"/> Dean | <input type="checkbox"/> Research Faculty
(no teaching responsibilities) |
| <input type="checkbox"/> Clinical Associate Professor | <input type="checkbox"/> Associate Dean | |