

Application Form for Full or Associate Membership

- Open to National Orthoptic Associations -

Representatives of National Orthoptic Associations seeking membership of the International Orthoptic Association (IOA) with a seat or observer status on the Council of Management are requested to complete this form.

All questions should be answered in English and must be typed.

1.	Date form completed:
2.	Name of country:
3.	Exact name of your National Association:
4.	Year of formation of your association:
5.	Number of current members?
6.	Name, address, telephone, fax number and email of your present chairperson:
7.	Name, address, telephone/fax number and email of the orthoptist who will be corresponding with
	the I.O.A.

8.	What categories of membership are there in your association?							
	☐ full							
	□ associate							
	☐ honorary							
	□ student							
	other (please specify):							
	What are the requirements for each membership type in your association (ie associate is open to							
	opthahlmologits exclusively etc)							
	What voting rights are held membership in your association (ie full membership have full voting privileges etc)							
a	State briefly the objectives of your association:							
٥.	State briefly the objectives of your association.							
10.	. Please provide your associations mailing and web address:							
11	. Does your association have a constitution (if yes please provide a copy)							
	Boos your association have a constitution (if yes picase provide a copy)							
12	. Does your association provide a process for nomination and elections of association officers?							
	2000 your accordant provide a process for frommation and discitoric of accordation embore.							
13	. Does your association hold an annual general meeting for its members (please provide a copy of							
	the minutes)							

			-	Name of certificate/diploma/degree/licence:
→	PLEAS	SE EI	NCL	OSE A COPY OF A TYPICAL CERTIFICATE / DIPLOMA / DEGREE.
		No	-	How are orthoptists selected to perform their duties?
20.			s be	practiced in your country without passing a qualifying examination?
		Yes		□ No
21.	Is there n	nore t	han	one qualification, which permits orthoptists to practice?
		Yes	-	Please state the names of the other qualifications that are acceptable:
		No		
22.				s are required to work as an orthoptist in your country? (please provide any web
				o register, licence or certify your profession)
23.	Is there a	reco	gnis	sed orthoptics education program in your country?
		Yes	CC	ONTINUE
			-	Recognised by whom?
			-	Is this a national program of are there regional or individual programs as well?
			_	How many schools/universities are currently educating orthoptic students?
			-	How many students are there currently enrolled in your country?
		No)	YOU CAN ONLY APPLY FOR ASSOCIATE MEMBERSHIP
				Go to the end

24. W	hat lev	el of education is required to study orthoptics?					
	Level	of education:					
	- Is t	his equivalent to university entrance standards?					
		Yes 🛮 No					
	- Is t	his equivalent to nursing school entrance standards?					
		Yes - What level of nursing education? Is it higher or lower?					
	_						
		his equivalent to other professions allied health professions?					
	_	Yes No					
		eational syllabus exist?					
	Yes	- Who is responsible for developing and approving the national syllabus?					
	No						
→ PL	EASE	SUPPLY AN UP TO DATE SYLLABUS (OR COPY) AND A SUMMARY IN ENGLISH.					
26. H	ow is th	ne syllabus implemented?					
		ucation of orthoptics organised as:					
21.13							
		A university course o Undergraduate (BA-BSc)					
		One divide (Master, Dh.D.)					
		A school/ academy					
		An apprenticeship					
28. W		he duration of orthoptic education?					
-	Please	e give a description of the typical schedule (years, hours, full-time or part-time, holidays)					
••••							
-	How n	nany theoretical lessons / lectures are give?					
-	How is clinical instruction given?						

	another,	please	state	how:	lifferent from one school to
29. D	o the clinica	al lessons include su Yes - Unde			tical work undertaken?
	П				
		No			
30. A	re there exa	aminations?			
		e details of the exar			any, in which subjects, theoretical
		_			
31. D		practical/oral exami			
32. Is	s your nation		pared to send a	representative t	o attend the I.O.Acouncil, which
	_ Y	es YOU CAN AP	PLY FOR FULL	MEMBERSHIP	
	_ N	No YOU CAN ONL	Y APPLY FOR	ASSOCIATE M	EMBERSHIP
Date:				Sign	ature of the National Chairman:

Enclosures:

- Copy of certificate / diploma / degree / licence
- Syllabus (or copy) and English Summary

IMPORTANT: PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO:

Daisy Godts, Chairman Membership Committee Antwerp University Hospital, Dep. of Ophthalmology Wilrijkstraat 10

B 2650 Edegem, BELGIUM

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