

# Application Form – Individual Membership (Orthoptists)



INTERNATIONAL  
ORTHOPTIC  
ASSOCIATION

Orthoptists seeking Individual Membership with the International Orthoptic Association (IOA) are requested to complete this application form in full.

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

1. Date form completed:
2. Family name:
3. Given name: Title:
4. Full address:  Work Telephone: Home Telephone: Fax Number: E-mail address:
5. Qualification: University/hospital/school: Date:
6. Where do orthoptists practice in your country? (In hospitals, private practices, rehabilitation centres, vision screening, independently, other):
7. Is the orthoptic profession officially recognised in your country? <input type="checkbox"/> YES If YES, do orthoptists enjoy the privileges of State Registration/Licensure? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how is the orthoptic profession recognized/governed in your country? <input type="checkbox"/> NO
8. Is there a national qualifying examination which permits orthoptists to practice? <input type="checkbox"/> YES a) Name of qualification:

# Application Form – Individual Membership (Orthoptists)



INTERNATIONAL  
ORTHOPTIC  
ASSOCIATION

<p>b) Name of certificate / diploma / degree:</p> <p style="text-align: center;"><b>**PLEASE ENCLOSE A COPY OF YOUR CERTIFICATE / DIPLOMA / DEGREE**</b></p> <p><input type="checkbox"/> NO If NO, how do orthoptists qualify to perform their duties?</p>
<p>9. Can orthoptics be practiced in your country without passing a qualifying examination?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>10. Is there more than one qualification which permits orthoptists to practice?</p> <p><input type="checkbox"/> YES. If YES, please state the names of the other qualifications that are acceptable:</p> <p><input type="checkbox"/> NO</p>
<p>11. What level of education is required to study orthoptics? Level of education =</p> <p>a) Is this equivalent to university entrance standards?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>b) Is this equivalent to nursing school entrance standards?</p> <p><input type="checkbox"/> YES. What level of nursing education? Is it higher or lower?</p> <p><input type="checkbox"/> NO</p> <p>c) Is this comparable to other allied health professions?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

---

Signature of Applicant

Date

# **Application Form – Individual Membership (Orthoptists)**



INTERNATIONAL  
ORTHOPTIC  
ASSOCIATION

**Remember to submit a copy of your certificate / diploma / degree with application.**

**Please submit completed application to:**

**Daisy Godts, Chairman of IOA Membership Committee  
Antwerp University Hospital, Dept. of Ophthalmology  
Wilrijkstraat 10  
B 2650 Edegem, BELGIUM**