



## Fellowship Process Application

Name \_\_\_\_\_

Address (Office) \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

Optometry School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Residency Program (if applicable): \_\_\_\_\_ Year Completed: \_\_\_\_\_

### REQUIRED APPLICATION DOCUMENTS

*The following must be submitted along with this form and the application payment. Incomplete submissions will not be processed.*

- **ATTACH A CURRICULUM VITAE.** *A current Curriculum Vitae (CV) including professional activities, lectures, research, published papers, memberships and offices held in professional organizations (optometric and non-optometric) must be submitted with this application.*
- **INCLUDE DOCUMENTATION OF REQUIRED CE.** *100 hours of continuing education in vision development, binocular vision, visual perception/ visual information processing and vision therapy is required to apply. If not included on your CV please attach a supplemental document. The following number of hours can be applied to the 100 hour requirement:*
  - Formal CE courses – up to 100 hours
  - Independent study – up to 30 hours.
    - The candidate will provide a list of topics studied and resource material used (textbooks, journal articles, webinars, etc.) for review
  - Optometric Study Group participation – up to 20 hours.
    - The candidate will provide a list of meetings attended and discussion topics.
  - Residency Credit – up to 100 hours
    - Credit towards the 100 hours of required continuing education will be awarded based on the completed residency program inclusion of vision

therapy. Those residencies who have components of their program that focus in vision therapy will be eligible for a percentage of hours waived that equated to the emphasis of VT in their residency; where at least 50% of the time spent doing therapy will equate to the total of 100 hours and 25% of time spent doing vision therapy will equate to 50 hours and so forth. The Doctors' residency does also count towards the required time in active clinical practice, qualifying for one year of eligibility. Please have your residency supervisor attest to program percentages.

*If you have engaged in other activities that added to your knowledge base or clinical skills in the area of VT, please submit the hours. Your submission will be reviewed to determine if the hours can count toward the CE requirement.*

### STATEMENT OF ATTESTATION

- I understand that acceptance of this application for the Fellowship Program begins my four year enrollment period. I hereby warrant that I am **currently licensed** and in good standing in the state/country in which I practice and that I am currently providing clinical testing in the areas of vision and development and performing treatment utilizing vision therapy/rehabilitation. *Please provide the requested information regarding your optometry license in the United States or the International equivalency.*
  - **State of Licensure and License Number:** \_\_\_\_\_
  - **Licensure Start Date (MM/YYYY):** \_\_\_\_\_
- I grant permission to the COVD International Examination & Certification Board to communicate with the person selected to be my mentor in order to provide him or her with information about my progress in the Fellowship process.
- I acknowledge that it is the exclusive right of the COVD International Examination & Certification Board (IECB) to evaluate any and all materials submitted or gathered in the course of the Fellowship process. I further acknowledge that it is the exclusive right of the College to decide whether this information meets the qualifications for Fellowship.

By initialing this box, I attest the application materials are accurate to the best of my ability and I confirm that it is my responsibility to follow the Fellowship Candidate Guide and all processes within. I understand there are absolutely no exceptions made for missed deadlines.

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**Signature**

**Date**



215 West Garfield Road, Suite 200 • Aurora, OH 44202  
Phone: 330 995 0718  
Fax: 330 995 0719 • Website: [www.covd.org](http://www.covd.org)

## Fellowship Application Payment Form

*Payments can also securely be made online in the COVD Store. To receive member pricing you must be logged in to your COVD account.*

<https://www.covd.org/store/default.aspx?>

FCOVD Fee: \_\_\_\_\_ \$325.00 COVD Member                      \_\_\_\_\_ \$425.00 Non-Member

Candidate Name: \_\_\_\_\_

### METHOD OF PAYMENT

\_\_\_\_ Check    \_\_\_\_ American Express    \_\_\_\_ Discover    \_\_\_\_ MasterCard    \_\_\_\_ Visa

*If paying by check payment must be drawn on a U.S. bank, in U.S. funds. Make payable to COVD.*

### **Credit Card Information:**

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security # on back (or front) of card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Mail: College of Optometrists in Vision Development  
(COVD)  
215 West Garfield Road, Suite 200  
Aurora, OH 44202

FAX: 330-995-0719