

# Candidate for Fellowship Application – User Guide

## Create an AAO Account

- 1) Log in to your account at [www.aaopt.org](http://www.aaopt.org) under Member Login.
  - a. If you do not have an account, select “Don’t have an account?” and create one. Be sure to complete all fields to ensure there are no issues with your Candidate application assignment. Once completed, Select “My Profile” to access your account.

You must complete fields ending with \*.

### My Contact Information

|                                    |  |
|------------------------------------|--|
| <b>First Name</b>                  | <input type="text" value="Test CFF"/>  |
| <b>Last Name *</b>                 | <input type="text" value="Candidate"/>   |
| <b>Mailing Country Code</b>        | <input style="border-bottom: 1px solid black;" type="text" value="United States"/> |
| <b>Mailing Street</b>              | <input type="text" value="622 East Washington Street Suite 300"/>                  |
| <b>Mailing City</b>                | <input type="text" value="Orlando"/>   |
| <b>Mailing State/Province Code</b> | <input style="border-bottom: 1px solid black;" type="text" value="Florida"/>       |
| <b>Mailing Zip/Postal Code *</b>   | <input type="text" value="32801"/>   |

### Security & Login

|                              |   |
|------------------------------|---|
| <b>Email *</b>               | <input type="text" value="aaotestingemail+tcff@gmail.com"/>   |
| <b>Retype Email *</b>        | <input type="text" value="aaotestingemail+tcff@gmail.com"/>   |
| <b>Password *</b>            | <input type="password" value="....."/>  |
|                              | Your password must be at least 8 characters long, have a mix of letters and numbers, and cannot contain your username.              |
|                              | <b>Password Strength: Medium</b>  |
|                              | <div style="border: 1px solid #ccc; width: 100%; height: 10px; background: linear-gradient(to right, orange 50%, #ccc 50%);"></div> |
| <b>Retype New Password *</b> | <input type="password" value="....."/>  |

**Create Account**

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- 2) Once logged in, go to Edit My Profile on the Personal Snapshot page to complete the remaining account information. **Be sure you enter your Birthyear and OD Grad Year as this will affect your Candidate membership pricing. Please note, membership fees are NOT refundable or adjustable after purchase.**

Personal Snapshot

You must complete fields ending with \*.

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 **Test CFF Candidate**

**Name and Title**

Salutation

First Name

Last Name \*

Suffix

Degree

**Phone and Email**

Account Phone

Mobile

Email

**Mailing Address**

Mailing Country Code

Mailing Street

Mailing City

Mailing State/Province Code

Mailing Zip/Postal Code

**Demographic Information**

My Demographic Information

ARBO Number

**Birthyear**

Yes, I provide Clinical Care

Ethnicity

Gender

How Did You Hear

**OD Grad Year**

3) Once completed, go back to your Personal Snapshot main page and on the left hand side, select Join and Renew then select Candidate from the options.

**NOTE: You will not be able to select "Candidate" unless you have an OD grad year entered. See Step 2 for details. Please note, the dues amount is based on your OD grad year**



## Join or Renew

Become a member or renew your existing membership.

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### Choose a Membership

Candidate

### Dues Selection

Please select one of the following options.

Candidate for Fellow Membership Dues **\$185.00**

### Additional Options

Unrestricted Contribution AAOF \$ 0.00  
[More](#)

Academy Student Travel Fund \$ 0.00  
[More](#)

### Purchase Summary

| Product                        | Total          |
|--------------------------------|----------------|
| Candidate Join Application Fee | \$60.00        |
| <b>Grand Total</b>             | <b>\$60.00</b> |

Checkout

4) Select Candidate for Fellow Membership Dues. If you'd like to make a donation, you can do so on this page. When ready, press "Checkout."

## Join or Renew

Become a member or renew your existing membership.

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### Choose a Membership

Student

Resident

Candidate

### Dues Selection

Please select one of the following options.

Candidate for Fellow Membership Dues **\$370.00**

### Additional Options

Unrestricted Contribution AAOF   
[More](#) ▾

Academy Student Travel Fund   
[More](#) ▾

### Purchase Summary

| Product                              | Total           |
|--------------------------------------|-----------------|
| Candidate for Fellow Membership Dues | \$370.00        |
| Candidate Join Application Fee       | \$60.00         |
| <b>Grand Total</b>                   | <b>\$430.00</b> |

[Checkout](#)

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For Questions [aaoptom@aaoptom.org](mailto:aaoptom@aaoptom.org)

- 5) On the checkout page, enter your payment details. If you have a Coupon Code, be sure to add it here as the fees can NOT be adjusted after payment is submitted. When ready, press "Submit." You will receive an Order Confirmation email for your payment.


## Completing the Candidate Application

- 6) Go back to your Personal Snapshot page and select Candidate for Fellowship Application.

### Personal Snapshot

View your latest notifications and snapshots of your profile.

- Personal Snapshot
  - Edit My Profile
  - Security & Login
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- My Payment Methods
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- My CE Certifications
- My Candidate Portal
- My Diplomat Portal
- Diplomat Application
- Candidate For Fellowship Application**



#### Test CFF Candidate

#### Personal

Summary of your personal contact information.

|            |           |
|------------|-----------|
| Salutation |           |
| First Name | Test CFF  |
| Last Name  | Candidate |
| Suffix     |           |
| Title      |           |

#### Company Info (Directory Information)

|                             |  |
|-----------------------------|--|
| Company Name                |  |
| Company Street              |  |
| Company City                |  |
| Company State/Province Code |  |
| Company Zip/Postal Code     |  |
| Directory Email             |  |

#### Membership

Summary of your current membership.

|             |            |
|-------------|------------|
| Member      | Yes        |
| Member Type | Candidate  |
| Join On     |            |
| Member Thru | 12/31/2022 |

[Renew](#)

- 7) Select the Candidate type you best fit (Clinical, Scientific, or Special Category) into and press "Start Application"

- 8) Proposer: You must select an Academy Fellow to be your proposer. Select “Search for Proposer” to enter the name of an Academy Fellow. They will receive an email once you submit your application. If you do not know a Fellow, select “Request Proposer” to have one assigned to you.

### Candidate for Fellowship Application

**REQUEST PROPOSER**

If you do not know a Fellow to recommend you, choose Request Proposer and one will be assigned to you.

If you already have a Fellow that will recommend you for Fellowship, choose Search for Proposer, enter their information to search for and select them.

**\*Request Method**

Request Proposer

Search for Proposer

[Submit](#)

- 9) Profile Attestation: You must attest that your profile information is correct. If you need to make changes, go to Edit My Profile.

Personal Snapshot

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### Candidate for Fellowship Application

**Current Profile**

**Prefix**

**First Name**  
Test CFF

**Middle Name**

**Last Name**  
Candidate

**Suffix**

**Email Address**  
aaotestingemail+tcff@gmail.com

[Click here to edit your profile.](#)

**Profile Attestation**

**\*I attest that my profile information is correct:**

Yes

No

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American Academy of Optometry  
For Questions [aaoptom@aaoptom.org](mailto:aaoptom@aaoptom.org)

10) Complete your Personal Information. If a Fellow referred you, be sure to add their name here so they receive a bonus, if eligible. This cannot be adjusted later.

### Candidate for Fellowship Application

**Personal Information**

\* Gender

Female

Male

Other

\* Year of Birth - Please enter a 4 digit year.

List all educational institutions attended beyond high school:

**Institution**

**Degree**

**Major**

**Institution**

**Degree**

**Major**

**Institution**

**Degree**

**Major**

**Institution**

**Degree**

**Major**

\* Optometry School

\* Graduation Year

**Resident Year**

**How did you hear about Fellowship in the Academy?**

**Fellow who referred you, if any**

**Year you expect to sit for Oral Exam**

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11) Enter your Licensure/Accreditation History

## Candidate for Fellowship Application

### Licensure/Accreditation History

\* State(s)/province(s)/country(ies) in which licensed/accredited, with year(s):



Does your jurisdiction of licensure permit you to administer:

\* Diagnostic pharmaceuticals

Yes

No

\* Pharmaceutical agents for treatment purpose

Yes

No

Are you licensed or certified to administer:

\* Diagnostic pharmaceuticals

Yes

No

\* Pharmaceutical agents for treatment purpose

Yes

No

Special credentials, certifications, advanced degrees and/or residency

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12) Enter your Professional activities. For allocation of your professional time, the totals for each section must equal 100. Do not include the % sign when entering your numbers.

### Candidate for Fellowship Application

#### Professional Activities

\* Do you provide clinical services to patients?

Yes

No

Indicate the approximate percentage of your professional time for each:  
(total should equal 100%)

Administrator:

10

Corporate optometric practice

Federal/government service

50

Multidisciplinary setting

Optometric educator

Private optometric practice

Scientist/researcher

20

Retired

Secondary, Tertiary Care Facility

20

Student

Other

Description of Other

Indicate the approximate percentage of your professional time for each:  
(total should equal 100%)

Binocular vision/vision therapy

13) Candidate Type Specific Questions: This next page will be specific to your Candidate type i.e. Clinical. Please enter your current and recent employment details as directed. These questions will vary for Scientific/Special Category candidates.

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### Candidate for Fellowship Application

**Clinical**

**\* Name of practice:**

**\* Number of years in present practice**

**\* Previous Practices**

**Does Practice Outside US and Canada Fit IOOL Description:**  
If you practice optometry outside of Canada and the United States, do you practice optometry that would fit into the following definition, which is that adopted by the International Optometric and Optical League in 1993:

"Optometry is a healthcare profession that is autonomous, educated and regulated (licensed/registered) and optometrists are the primary healthcare practitioners of the eye and visual system who provide comprehensive eye and vision care, which includes refraction and dispensing, the detection/diagnosis and management of disease in the eye, and rehabilitation of conditions of the visual system."

Yes

No

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14) Indicate if you have completed any publications or lectures.

### Candidate for Fellowship Application

**Publications And Lectures**

**\* Have you published any articles or books?**

Yes

No

**\* Do you lecture before optometric or other scientific groups?**

Yes

No

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15) Share any Membership Affiliations/Activities here.


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## Candidate for Fellowship Application

**Membership Affiliations and Activities**

**Organizations, Activities, and Honors:**

List your civic and community organizations, activities, and honors.



**Activities which demonstrate commitment:** List any activities in addition to the above which demonstrate your commitment to your profession and its future.

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16) Disciplinary History: Answer the yes/no questions regarding any previous disciplinary actions. If “Yes” is selected for any of these items, you will be asked to provide additional details for review by the National Chair. If none, apply, select “No” for all and proceed to the next page.

### Candidate for Fellowship Application

#### Disciplinary History

\* Have you been convicted, found guilty, pleaded nolo contendere, received probation without verdict, or received any other disposition (excluding acquittal or dismissal) with respect to any criminal offense, including any drug law violations and DUI/DWI but excluding other traffic violations, or do you have any criminal charges pending and unresolved in any local, state or federal court?

- Yes  
 No

Have you ever been named as a defendant in any litigation or arbitration:

\* By a government agency

- Yes  
 No

\* Involving an equal employment opportunity complaint (including sexual harassment)

- Yes  
 No

\* Any breach of contract complaint

- Yes  
 No

\* Any malpractice complaint

- Yes  
 No

\* If you currently conduct research or have in the past conducted research, have you ever been charged with fraud or have you ever been the subject of disciplinary action regarding your research?

- Yes  
 No

Have you ever had any of the following denied, revoked, suspended, restricted, lost, or limited, or have you been placed on probation, or have you voluntarily relinquished or agreed

17) Membership Pledge: You must agree to this statement.

## Candidate for Fellowship Application

### Academy Membership Pledge and Agreement

I agree with the following statement

Realizing that the American Academy of Optometry was founded in order to establish a distinctive nucleus of individuals endeavoring to develop and maintain the highest ideals and practices of professional life to the end that optometric science may be further developed and optometric services enhanced, I pledge myself as a condition of membership in the Academy to support the following Standards of Conduct.

1. Members of the Academy shall be of good moral character and maintain the highest standards of the profession;
2. Members of the Academy shall accept responsibility for the consequences of their acts, make every effort to ensure that their services are used appropriately and, when indicated, recommend alternate sources of care;
3. Members of the Academy shall maintain the highest degree of professional competence by rendering services, using techniques and providing opinions that meet the highest standards of practice;
4. The moral, ethical, and legal standards of behavior of a member are a personal matter to the same degree as they are for any other citizen, except as they may compromise the fulfillment of the member's professional responsibilities;
5. The professional standards of members of the Academy require that public statements, announcements and promotional activities shall not be deceptive, fraudulent or misleading; I hereby agree and subscribe to these Standards and apply for Candidacy for Fellowship in the American Academy of Optometry. I understand that I may be required to submit case studies as part of this application and I agree that any such case studies shall comply in all respects with the applicable HIPAA Privacy Rules.
6. Written case reports, required as part of your application for Fellowship, require a discussion section that will include information referenced from the literature. It is expected that all of your writing represent your own work. Be familiar with what needs to be cited and how to reference information taken from other sources.
  - a. Plagiarism is defined by the Merriam-Webster dictionary as 1) stealing and passing off (the ideas or words of another) as one's own; 2) use (another's production) without crediting the source; or 3) to commit literary theft: present as new and original an idea or product derived from an existing source.
  - b. All case reports will be checked for plagiarism. Plagiarism is considered a violation of the Standards of Conduct of the AAO and, if verified, is grounds for termination of your application for Fellowship.
  - c. Before submitting your case report, seek the advice of your Regional Chair or request a mentor if you have questions or are unsure about what constitutes plagiarism.

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18) Proposed Plan: Here you will enter details on how you intend to accumulate 50 points of written works. This page must add up to 50 points exactly in order to proceed. Please pay attention to specific requirements for your Candidate type i.e. a Clinical Candidate MUST include at least 1 case report in the proposed plan. NOTE: the Proposed Plan can be adjusted later on by contacting the Membership Director.

## Candidate for Fellowship Application

### PROPOSED PLAN

#### Instructions

A point system has been put in place to allow candidates more options to meet the written requirements. A combination of points, which total 50 points, is required of each candidate to complete the written work.

The "Explanation of the Point System for Clinical Candidates" provides the specific requirements for each option available to meet the written requirements.

Please read through all the options available. Then select a combination of options, which total 50 points, that outlines your proposed plan for completing the written requirements.

If you do not know the details such as the case report topic or poster title yet, it is acceptable to insert TBD in those fields.

#### Proposed Plan for Written Requirements

##### Case Reports (10 points each)

\* Number of Case Reports: (Minimum 1; Maximum 5)

##### Publications (10 points each)

\*\*\* Complete citation required else will be returned to candidate as incomplete

Number of Publications: (Maximum: 4)

##### Citations

(Citations required for number set above)

##### Poster and Papers (10 points each)

Number of Papers and Posters: (Maximum: 4)

##### Academy Lectures (10 points each)

Number of Academy Lectures: (Maximum: 4)

##### Residency or Other Graduate/Professional Degree 20 points maximum

Residency: (20 points)

Other Degree In a vision-science area of discipline:

(20 points)

##### Leadership Contribution

10 points maximum

##### Professionally Related Book

(20 points maximum)

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[Submit](#)

19) Confirm submission of your application. **Please note, once submitted the general application details cannot be changed, aside from the Proposed Plan.**

### Candidate for Fellowship Application

**Confirm Submit**

Thank you for completing your application for Fellowship.

If you are ready to submit your application for approval, please check *I'm ready to submit my application below.*

**Note: Once you submit your application, you will no longer be able to make changes. Contact member support if you need to make changes after submitting the application.**

Click Next without checking the submit box if you are not ready to submit the application.

I'm ready to submit my application

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## Submitting Written Works for Review

20) Once you press Next you will receive this confirmation screen. Go to the My Candidate Portal to begin submitting your written works. It may take 5-10 minutes to see your portal details.

Personal Snapshot

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[Join & Renew](#)

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[My CE Certifications](#)

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**[My Candidate Portal](#)**

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[My Diplomate Portal](#)

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[Diplomate Application](#)

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[Candidate For Fellowship Application](#)

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### Candidate for Fellowship Application

Thank you for submitting your Candidate for Fellowship application.

You will receive an email once your application is approved and you have been assigned to a subcommittee.

You may begin submitting your written works under the My Candidate Portal link. Please go there next to upload your CV as well.

For more information about the requirements for Fellowship, visit [www.aaopt.org/faao](http://www.aaopt.org/faao).

Thank you,  
American Academy of Optometry

[Finish](#)

21) Your My Candidate Portal will display your selected Written Works from the Proposed Plan and a link to upload your CV. The first item to complete will be uploading your CV. Then proceed with uploading your written works as they are completed. Keep in mind the deadlines at [www.aapt.org](http://www.aapt.org) for oral exam eligibility.

Save your initial upload file name as: v1\_(submission name).

Personal Snapshot

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Candidate For Fellowship Application

+ New Component

|                     |                  |
|---------------------|------------------|
| Component Type Name | Curriculum Vitae |
| Status              | Pending Approval |
| Notes               |                  |
| Last Upload Date    |                  |
| Point Value         | 1.00             |

Upload Documentation

**Topic 1**

|                     |                  |
|---------------------|------------------|
| Component Type Name | Case Report 1    |
| Status              | Pending Approval |
| Notes               |                  |
| Last Upload Date    |                  |
| Point Value         | 10.00            |

Upload Documentation

**Poster 1 AAO 2020**

|                     |                     |
|---------------------|---------------------|
| Component Type Name | Poster and Papers 1 |
| Status              | Pending Approval    |
| Notes               |                     |
| Last Upload Date    |                     |
| Point Value         | 10.00               |

Upload Documentation

**Poster 2 AAO 2021**

|                     |                     |
|---------------------|---------------------|
| Component Type Name | Poster and Papers 2 |
| Status              | Pending Approval    |
| Notes               |                     |
| Last Upload Date    |                     |
| Point Value         | 10.00               |

Upload Documentation

**VAMC Major: Ocular Disease Year: 2022 Accredited: Yes**

|                     |   |
|---------------------|---|
| Component Type Name | Residency or Other Graduate/Professional Degree |
| Status              | Pending Approval                                |
| Notes               |   |
| Last Upload Date    |   |
| Point Value         | 20.00   |

Upload Documentation



22) You will receive an email when your subcommittee chair has provided feedback on your submission.

- a. If “Approved” no further action is needed.
- b. If “Pending Approval – Revisions Needed” you will need to revise your work and re-upload the new version in the Candidate portal. Be sure to name your upload file as” v2\_(work name) so the chair knows which file is the new one.
- c. If “Rejected” you will need to select a new written work for review. Please contact the [Membership Director](#) to have your Proposed Plan adjusted to allow for a new upload.

23) Once all 50 points of written works have been approved, you will be contacted to sit for the next eligible oral exam at an Academy annual meeting.