

Candidate for Fellowship Application – User Guide

Create an AAO Account

- 1) Log in to your account at 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

First Name	<input type="text" value="Test CFF"/>
Last Name *	<input type="text" value="Candidate"/>
Mailing Country Code	<input type="text" value="United States"/>
Mailing Street	<input type="text" value="622 East Washington Street Suite 300"/>
Mailing City	<input type="text" value="Orlando"/>
Mailing State/Province Code	<input type="text" value="Florida"/>
Mailing Zip/Postal Code *	<input type="text" value="32801"/>

Security & Login

Email *	<input type="text" value="aaotestingemail+tcff@gmail.com"/>
Retype Email *	<input type="text" value="aaotestingemail+tcff@gmail.com"/>
Password *	<input type="password" value="....."/>
<p>Your password must be at least 8 characters long, have a mix of letters and numbers, and cannot contain your username.</p> <p>Password Strength: Medium</p> <div><div></div></div>	
Retype New Password *	<input type="password" value="..... "/>

Create Account

Birthyear	<input type="text"/>
<input type="checkbox"/> Yes, I provide Clinical Care	
Ethnicity	<input type="text" value="--None--"/>
Gender	<input type="text" value="--None--"/>
How Did You Hear	<input type="text" value="--None--"/>
OD Grad Year	<input type="text"/>

- 3) Once completed, go back to your Personal Snapshot main page and on the left hand side, select Become a Member 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. Visit www.aaopt.org/faao to see the dues amount possible based on your OD grad year.

Personal Snapshot

Edit My Profile

Security & Login

My Communication Preferences

My Open Invoices

Create or Update a Pledge

My Payment Methods

Become a Member

My CE Certifications

My Candidate Portal

My Diplomate Portal

Diplomate Application

Candidate For Fellowship Application

Choose a Membership
For Students, Residents or Candidate for Fellowship new members.

☐ Resident

☒ Candidate

Dues Selection
Please select one of the following options.

☐ Candidate for Fellow Membership Dues

\$190.00

Additional Options

☐ AAOF General Fund
[More](#) ▼

\$ 0.00

☐ AAO Student Travel Fellowships
[More](#) ▼

\$ 0.00

Purchase Summary

Product	Total
Candidate Join Application Fee	\$60.00
Grand Total	\$60.00

- 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." If the Candidate Application Fee is not already checked, be sure to check it as you will not be able to proceed to step 6 if it is not included in your membership order. Step 5 will explain how to apply an application fee waiver (if applicable).

Personal Snapshot

[Edit My Profile](#)[Security & Login](#)[My Communication Preferences](#)[My Open Invoices](#)[Create or Update a Pledge](#)[My Payment Methods](#)[Become a Member](#)[My CE Certifications](#)[My Candidate Portal](#)[My Diplomate Portal](#)[Diplomate Application](#)[Candidate For Fellowship Application](#)

Choose a Membership

For Students, Residents or Candidate for Fellowship new members.

☐ Resident☒ Candidate

Dues Selection

Please select one of the following options.

☒ Candidate for Fellow Membership Dues**\$190.00**

Additional Options

☐ AAOF General Fund[More ▼](#)

\$

0.00

☐ AAO Student Travel Fellowships[More ▼](#)

\$

0.00

Purchase Summary

Product	Total
Candidate for Fellow Membership Dues	\$190.00
Candidate Join Application Fee	\$60.00
Grand Total	\$250.00

- 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.

Checkout

Review Your Selection and Pay.



Non-Renewing ▾

Edit

Remove

Total Price

Candidate for Fellow Membership Dues	\$190.00
Candidate Join Application Fee	\$60.00

Coupon Code

Limit one per order.

Code

Apply

My Payment Methods

You do not have credit card information saved at this moment. You can pay by selecting Pay Now- New Credit Card and save the payment information for future use.

Payment Type

☐ Pay Now - Saved Payment

☒ Pay Now - New Credit Card

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

My Communication Preferences

Create a Pledge

My Payment Methods

Join & Renew


My CE Certifications

My Candidate Portal

My Diplomate Portal

Diplomate 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

Edit My Profile

Security & Login

My Communication Preferences

Create a Pledge

My Payment Methods

Join & Renew

My CE Certifications

My Candidate Portal

My Diplomat Portal

Diplomat Application

Candidate For Fellowship Application

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

Previous

Submit

American Academy of Optometry
For Questions 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

* 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

[Previous](#)

[Save and Continue](#)

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

[Previous](#)

[Save and Continue](#)

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.

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

[Previous](#)

[Save and Continue](#)

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

[Previous](#)

[Save and Continue](#)

15) Share any Membership Affiliations/Activities here.

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.

[Previous](#)[Save and Continue](#)

- 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.

[Previous](#)

[Save and Continue](#)

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)

[Previous](#)[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

[Previous](#)[Next](#)

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

Edit My Profile

Security & Login

My Communication Preferences

Create a Pledge

My Payment Methods

Join & Renew

My CE Certifications

My Candidate Portal

My Diplomat Portal

Diplomat Application

Candidate For Fellowship Application

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.

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.aaopt.org for oral exam eligibility.

Save your initial upload file name as: v1_(submission name).

Personal Snapshot

Edit My Profile

Security & Login

My Communication Preferences

Create a Pledge

My Payment Methods

Join & Renew

My CE Certifications

My Candidate Portal

My Diplomate Portal

Diplomate Application

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.