To be eligible for the Advanced Standing International Doctor of Optometry Program (ASIP) at New England College of Optometry, an applicant must have graduated and received a bachelor’s degree in Optometry from an accredited recognized international optometric school. The admissions office will review the details of the program you have graduated from to determine if you are eligible for the ASIP program. The applicant must have at least two years of full-time optometric clinical experience after graduation from optometry school and within four years of applying.

An application and all required credentials/application requirements, (transcripts, test scores, etc.) must be completed and received by the Admissions Office on or before September 15th of the preceding year of desired admission. All applicants must download the application from the website (www.neco.edu) or use the application attachment sent from the Admissions Office (admissions@neco.edu). DO NOT use the on-line centralized application for this program.

The Committee reserves the right to accept or deny applications that do not meet the above deadlines.

A COMPLETED APPLICATION FILE INCLUDES THE FOLLOWING:

The returned application form must be typed or printed clearly. Note: there are 3 essays that need to be completed. They need to be typed or printed clearly and additional separate sheets of paper need to be used for each essay.

1. A non-refundable application fee of US$75.00 made payable to The New England College of Optometry. Only personal checks drawn on banks in the United States, money orders, travelers or cashiers checks or wire transfers will be accepted. Please contact the Admissions Office (admissions@neco.edu) for Bank Wire Instructions. Please do not send cash.

2. Official transcripts from each University/College and Optometry school attended since completion of secondary/high school must be submitted. Transcripts must be sent directly from all institutions that you attended to the Advanced Standing International Program at NECO. Transcripts must indicate the courses taken, grades/points received, and certificate/degree obtained. If the transcript does not indicate the degree awarded, an official document attesting to the award of the degree must be included. This needs to be mailed directly from the institution to New England College of Optometry. Faxes and/or photocopies are unacceptable.

3. Applicants whose native language is not English are required to take the Test of English as a Foreign Language (TOEFL). A total score of 88 including a 22 on the Speaking section is required. Please instruct the Educational Testing Service to send official score reports to the college. For additional information with regard to testing sites, dates, etc., write TOEFL Services, P.O. Box 6151, Princeton, New Jersey 08541 USA or check the Web site at http://www.ets.org/toefl. The Admissions Committee reserves the right to require applicants to undergo further language testing if deemed necessary. The internet (iBT) TOEFL test is required.

   International English Language Testing System (IELTS): a minimum total score of 6.5 including a 7 on the Speaking section is required. The IELTS Academic test is required.

   Only one language test is required (TOEFL or IELTS).

4. The Optometric Practice Questionnaires must be completed for a maximum of three optometric positions.
that you have held since graduating from your optometric program. Please start with your most recent position. Return all completed questionnaires with your application.

5. Detailed and typed curriculum vitae should be included with your application.

6. Three letters of recommendation forms must be submitted. The form should be mailed by the recommender to the Advanced Standing International Program at (NECO) directly as a confidential document. The recommendation forms should be completed by other optometrists/ophthalmologists, college/optometry school faculty or supervisors/colleagues who are familiar with your professional work.

7. An evaluation of your optometric education from the World Education Service must be received by NECO. Please send the Application for Evaluation of Foreign Educational Credentials, to World Education Services, P.O. Box 745, Old Chelsea Station, New York, NY 10113-0745. For additional information, visit their website at: www.wes.org. A course by course US evaluation needs to be completed.

Interviews for eligible candidates will be arranged once the application process is completed. Interview arrangements will be made through the Admissions Office at the College.

A non-refundable tuition deposit of US$1000.00 is due within four weeks of the date of our acceptance letter.

All materials in regards to the application listed above, need to be sent to:

New England College of Optometry
Admissions Office
Advanced Standing International Program-Boston
424 Beacon Street
Boston, MA 02115 USA

Phone
(617) 587-5580
Fax
(617) 587-5550

Web
www.neco.edu

E-mail
admissions@neco.edu
New England College of Optometry
ADVANCED STANDING INTERNATIONAL PROGRAM-BOSTON
APPLICATION FORM

Mailing address:
New England College of Optometry
Admissions Office
Advanced Standing International Program-Boston
424 Beacon Street
Boston, Massachusetts 02115 USA
Telephone: (617) 587-5580 or 1-800-824-5526 (in U.S. only)
E-mail: admissions@neco.edu
Website: www.neco.edu
Fax: (617) 587-5550

PLEASE TYPE OR WRITE IN CAPITAL LETTERS NEATLY AND CLEARLY.
US Social Security Security or Canadian Insurance Number (if applicable): __________________________

Name: ___________________________________________________________  _______________________
(last)       (first)       (middle)

Home Address:
(street)      (apartment no.)
(city/town)    (state/province)     (zip/postal code)
(country)

☐ Check here if preferred mailing address.

Telephone: (country code)(area/city code)   (number)

E-mail address: __________________________________________________________
(please print clearly)     Fax: ____________________________________________
(country code)(area/city code)   (number)

Business Address:
(street)      (apartment no.)
(city/town)    (state/province)     (zip/postal code)
(country)

☐ Check here if preferred mailing address.

Telephone: (country code)(area/city code)   (number)

E-mail address: __________________________________________________________
(please print clearly)     Fax: ____________________________________________
(country code)(area/city code)   (number)

CITIZENSHIP INFORMATION: Country(ies) of Citizenship: __________________________
If NOT a US Citizen, check one:
☐ I am a permanent resident of the United States. Please attach a copy of your permanent resident card (front and back).
☐ I am currently residing in the U.S.  Visa type: ___________________ Expiration date: (month) _________ (year) _________
(Please attach a copy of this information.)
☐ I am NOT residing in the U.S.

OPTIONAL INFORMATION: Date of Birth: (month) _____(day) _____(year) _________ Sex:  ☐ Male  ☐ Female
If you are a U.S. citizen or permanent resident of the United States, please check one:
☐ Black American    ☐ Asian
☐ White American    ☐ Other
☐ Native American    ☐ Hispanic
EDUCATIONAL EXPERIENCE:
Please list LAST secondary or high school attended.

Name of School: ___________________________________________________________

City/Country: _____________________________________________________________
	(city) [country]

Month/Year of Attendance: From: (month) (year) To: (month) (year)

Type of certificate(s) and/or diploma(s) awarded and date received: __________________________________________________________________________________

Please list all educational institutions attended after secondary or high school below (attach an additional sheet if necessary).

Educational Institution 1

Name of University: ________________________________________________________

City/Country: ________________________________
	(city) [country]

Month/Year of Attendance: From: (month) (year) To: (month) (year)

Name of Degree/Diploma/Certificate: __________________________________________

Month and Year Degree/Diploma received: ________________________________
	(month) (year) (degree)

Area of Specialization: ____________________________________________________

Educational Institution 2

Name of University: ________________________________________________________

City/Country: ________________________________
	(city) [country]

Month/Year of Attendance: From: (month) (year) To: (month) (year)

Name of Degree/Diploma/Certificate: __________________________________________

Month and Year Degree/Diploma received: ________________________________
	(month) (year) (degree)

Area of Specialization: ____________________________________________________

Educational Institution 3

Name of University: ________________________________________________________

City/Country: ________________________________
	(city) [country]

Month/Year of Attendance: From: (month) (year) To: (month) (year)

Name of Degree/Diploma/Certificate: __________________________________________

Month and Year Degree/Diploma received: ________________________________
	(month) (year) (degree)

Area of Specialization: ____________________________________________________
HONORS AND PUBLICATIONS:

List prizes, distinctions or other honors, publications, research projects of significance:


PERSONAL ESSAY/STATEMENT:

On separate pages for each essay, respond in English to the following questions. Please type or print clearly each essay.

1. Having obtained an optometry degree education outside the U.S., what are your goals, intentions, and expectations after completion of a Doctor of Optometry program in the U.S.?

2. What personality traits and characteristics do you have that have helped you become a successful optometrist in the time frame you have been practicing?

3. In your experience, describe in detail one of the most interesting optometric cases you have encountered in your optometric clinical practice. How did this impact you personally and as a professional?

TOEFL SCORES:

Applicants whose native language is not English are required to take the Test of English as a Foreign Language (TOEFL). A total score of 88 including a 22 on the Speaking section is required. Please instruct the Educational Testing Service to send official score reports to the college. For additional information with regard to testing sites, dates, etc., write TOEFL Services, P.O. Box 6151, Princeton, New Jersey 08541 USA or check the Web site at http://www.ets.org/toefl. The Admissions Committee reserves the right to require applicants to undergo further language testing if deemed necessary. The internet (iBT) TOEFL test is required.

International English Language Testing System (IELTS): a minimum total score of 6.5 including a 7 on the Speaking section is required. Official score reports must be sent to the College. The Academic test is required.

Have you taken the TOEFL/IELTS test? (Circle one) ☐ Yes ☐ No

Month ________ Year ________

If NO, indicate the date you will be taking it:__________________.

Month ________ Year ________
**Recommendations:**

Please print the names of those who will be returning the Recommendation Forms:

Name: ___________________________ Title: ___________________________

Name: ___________________________ Title: ___________________________

Name: ___________________________ Title: ___________________________

**Sources of Influence:**

Indicate the source(s) which had an influence on your decision to apply to The New England College of Optometry.

☐ Alumnus or Student Name:_____________________________________________

☐ Faculty Name:_______________________________________________________

☐ Employer/Optometrist Name:__________________________________________

☐ Other _____________________________________________________________

I certify that all information submitted by me as a part of this application is complete and accurate. False information will invalidate this application and result in immediate rejection of admission, dismissal from the College or revocation of New England College of Optometry awarded degrees. I agree that any material submitted with this application becomes the property of New England College of Optometry.

Signature ___________________________ Date ___________________________

Return application materials and your non-refundable $75 application fee to the New England College of Optometry, Admissions Office, Advanced Standing International Program-Boston, 424 Beacon Street, Boston, MA 02115 USA

Please note: only personal checks drawn on banks in the United States, money orders, travelers or cashiers checks or bank wire transfers will be accepted. Please contact the Admissions Office (admissions@neco.edu) for Bank Wire instructions.
NEW ENGLAND COLLEGE OF OPTOMETRY
ADVANCED STANDING INTERNATIONAL
RECOMMENDATION FORM

TO THE APPLICANT: Please fill out the upper portion of the Recommendation Form and forward it to a college/optometry school professor, or to a supervisor/colleague who is familiar with your professional work.

Applicant’s Name:

(last) (first) (middle)

Under federal legislation a student has a right of access to this recommendation if admitted and registered as a student at New England College of Optometry unless he/she waives his/her right of access to this material.

I hereby waive my right of access to this recommendation and understand that this recommendation may be used only for my admission to NECO and may not be duplicated.

Applicant’s signature____________________________________ Date__________________

TO THE PERSON COMPLETING THE RECOMMENDATION FORM:
The individual presenting this form to you is applying for further education in the field of Optometry. New England College of Optometry’s Committee on the Advanced Standing International Program will appreciate your writing us indicating this individual’s type of work, responsibilities, strong and weak points (especially with regard to optometry), patient interaction, personal integrity and ability to undertake professional study.

Please print or type. Use additional pages if necessary

How long have you known the applicant?

To what extent and in what capacity do you know the applicant?

What were the applicant’s responsibilities and ability with regard to patient care and interaction?

How would you describe the applicant’s character and personal integrity? What would you say this individual’s strongest characteristics are and, how have they made him/her successful in practice?

What are the applicant’s strong and weak points in optometry?
Describe the individual’s ability to interact with patients of all ages.

Do you feel that the applicant is capable of pursuing professional studies and has the ability to adjust to the demands of academic life?

If English is not the applicant’s native language, is his/her written and oral English at a level suitable for rigorous professional study and clinical practice?

Please add any additional comments about the applicant’s record, potential or personal qualities which you feel would be helpful to the Committee. We are interested in anything you might add that would not otherwise be apparent in the applicant’s record. Use additional pages if necessary.

Recommender’s Signature

Date

Please PRINT name:

(last)

Address:

(first)

E-Mail Address: __________________________ Telephone: __________________________

This form must be sent DIRECTLY to The New England College of Optometry by the RECOMMENDER.
Please complete a separate questionnaire for each practice up to a maximum of three that you have worked in since graduating from your optometric program. Please start with the most current practice.

Please PRINT Your Name: ________________________________

(last)                               (first)                                     (middle)

WORK EXPERIENCE:
 practice Name: ________________________________________________

Practice Address: _____________________________________________

(street)      (suite)

(city/town)      (state/province)   (zip/postal code)

(countries)

Dates of Employment: From _____________________ Until ________________

Hours worked per day: __________________________________________

Owner of the practice: _________________________________________

Employer’s/Supervisor’s Name: __________________________________

PRACTICE CHARACTERISTICS:

Average number of patients seen weekly: _________________________

Number of patients: under 18 ______________ over 65 ______________

Socioeconomic Levels: _________________________________________

Check or fill out where appropriate:

Location: ______ City _______ Suburban _______ Rural _______

Type of Building: _______ Office _______ Separate _______ House _______ Store Front/Mall

Size of practice: _____________________________________________

Number of examination rooms: _________________________________

Number of support staff: _____________________________________

Number of Optometrists working with you: _______________________

Number of Ophthalmologists working with you: __________________

Number of Dispensing Opticians working with you: _________________

Are spectacles dispensed at the practice? _________________________

If yes, how many are dispensed per week? ________________________

Other details: ________________________________________________

____________________________________________________________
EXAMINATION EQUIPMENT:

Check which of the following are (were) available for your direct and routine use:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractor/Phoropter</td>
<td></td>
</tr>
<tr>
<td>Slit lamp biomicroscope</td>
<td></td>
</tr>
<tr>
<td>Autorefractor</td>
<td></td>
</tr>
<tr>
<td>Non contact tonometer</td>
<td></td>
</tr>
<tr>
<td>Keratometer</td>
<td></td>
</tr>
<tr>
<td>Goldmann tonometer</td>
<td></td>
</tr>
<tr>
<td>Auto Keratometer</td>
<td></td>
</tr>
<tr>
<td>Hand held tonometer</td>
<td></td>
</tr>
<tr>
<td>Lensometer</td>
<td></td>
</tr>
<tr>
<td>Direct ophthalmoscope</td>
<td></td>
</tr>
<tr>
<td>Auto Lensometer</td>
<td></td>
</tr>
<tr>
<td>Indirect ophthalmoscope</td>
<td></td>
</tr>
<tr>
<td>Trial lens/frame</td>
<td></td>
</tr>
<tr>
<td>Interferometer</td>
<td></td>
</tr>
<tr>
<td>Projection chart</td>
<td></td>
</tr>
<tr>
<td>Glare tester</td>
<td></td>
</tr>
<tr>
<td>Retinoscope</td>
<td></td>
</tr>
<tr>
<td>Visual field analyzer</td>
<td></td>
</tr>
<tr>
<td>Fundus photography</td>
<td></td>
</tr>
<tr>
<td>Low vision devices</td>
<td></td>
</tr>
<tr>
<td>Steropsis tests</td>
<td></td>
</tr>
<tr>
<td>Prism bars</td>
<td></td>
</tr>
</tbody>
</table>

If Diagnostic Drugs are used in the practice, what type and how often are they used? ________________________________

If Therapeutic Drugs are used in the practice, what type and how often are they used? ________________________________

If Contact Lenses are fitted in the practice, what type and how many per week? ________________________________

If Binocular Disorders are treated in the practice, what types do you treat and how many cases per year? ________________________________

EXAMINATION PROCEDURES:

Please enter appropriate letter as it pertains to your performance at this practice.
“R” = performed Routinely, “O” = performed Occasionally, “N” = performed Rarely or Never.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual acuities</td>
<td></td>
</tr>
<tr>
<td>Stereopsis test</td>
<td></td>
</tr>
<tr>
<td>Retinoscopy</td>
<td></td>
</tr>
<tr>
<td>Direct Ophthalmoscope</td>
<td></td>
</tr>
<tr>
<td>Refraction with Refractor</td>
<td></td>
</tr>
<tr>
<td>Goldmann tonometry</td>
<td></td>
</tr>
<tr>
<td>Refraction with trial lenses</td>
<td></td>
</tr>
<tr>
<td>Non contact Tonometry</td>
<td></td>
</tr>
<tr>
<td>Cover tests</td>
<td></td>
</tr>
<tr>
<td>Binocular Indirect O-scope</td>
<td></td>
</tr>
<tr>
<td>Accommodation Test</td>
<td></td>
</tr>
<tr>
<td>Color Test</td>
<td></td>
</tr>
<tr>
<td>Visual Fields</td>
<td></td>
</tr>
<tr>
<td>90/78 D diopter lens</td>
<td></td>
</tr>
<tr>
<td>Heterophorias</td>
<td></td>
</tr>
<tr>
<td>Suppression tests</td>
<td></td>
</tr>
<tr>
<td>Gonioscopy/3 mirror lens</td>
<td></td>
</tr>
<tr>
<td>Pupil testing</td>
<td></td>
</tr>
<tr>
<td>Keratometry</td>
<td></td>
</tr>
<tr>
<td>Fusion Testing</td>
<td></td>
</tr>
</tbody>
</table>

How much time does the average examination take? ________________________________

ADDITIONAL INFORMATION:

Describe below any additional information which you believe will allow us to understand the methods that you have performed at this practice.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

10