



Optometric Extension Program Foundation, Inc.  
1921 East Carnegie Avenue, Suite 3-L  
Santa Ana, CA 92705  
949 250-8070 - Phone  
949 250-8157 – Fax

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**Optometric Extension Program Foundation, Inc.**

Enroll me in the following educational curricula:

- ☐ Clinical Associate-Advanced Clinical Education Curriculum-\$315
  - ☐ First year after graduation \$100
  - ☐ Second year after graduation \$175
- ☐ Clinical Associate-Advanced Clinical Education Curriculum- Practice Package-\$410
  - ☐ Paraoptometric/Vision Therapist-no additional charge
  - ☐ Additional Optometrist-\$105
  - ☐ Additional Paraoptometric-\$75
  - ☐ Additional JBO subscription-\$50
- ☐ Faculty Associate-\$125
- ☐ Paraoptometric Associate (includes Journal of Behavioral Optometry)-\$100 indicate the most appropriate choice below:
  - ☐ General Paraoptometric – Introduction to Optometric Practice
  - ☐ Beginning Vision Therapist – Introduction to Vision Therapy
  - ☐ Advanced Vision Therapist – Behavioral Aspects of Vision Care
- ☐ Sustaining Associate-\$125
- ☐ Student Associate Basic Enrollment-\$32.50
  - ☐ Advanced Clinical Education Curriculum-\$50
  - ☐ Introduction to Behavioral Optometry-\$50
- ☐ Journal of Behavioral Optometry (does not include OEP benefits)-\$70
- ☐ International Clinical Associate Basic Enrollment: surface shipping: \$250
  - ☐ Airmail Delivery Direct to you: \$310

**PLEASE PRINT OR TYPE:**

Name\_\_\_\_\_

Paraoptometric's Name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip/Country\_\_\_\_\_

Telephone /FAX\_\_\_\_\_

Email Address \_\_\_\_\_

Year of Graduation/School\_\_\_\_\_

Payment: ☐ Check enclosed    ☐ Charge to:    ☐ American Express    ☐ Visa    ☐ MasterCard    ☐ Discover

Card #\_\_\_\_\_ Expiration Date\_\_\_\_\_

Please make check payable to OEP Foundation and return along with enrollment form to:

OEP Foundation, Inc. 1921 E. Carnegie Ave. 3-L, Santa Ana, CA 92705  
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