

CDOS Case Log - Initial Application for Examination

Name: _____ IJCAHPO ID# _____

Sponsor's Endorsement: "I attest that _____ has performed B-Scan examinations in a satisfactory manner. He/she has met all quality and standard expectations. State or Province _____ My License Number _____ Physician's Signature _____ Date _____
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Please note your case log of 20 abnormal ophthalmic B-Scan examinations, performed within 12 months prior to submitting your application below. *At least five different pathologies must be listed. It is not necessary to submit the images.*

	B-Scan/UBM/Standardized A-Scan	Type of Pathology	Date	Sponsor's Signature
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