

**Initial Application for Examination – SA3 Eligibility**

Name: \_\_\_\_\_ JCAHPO ID# \_\_\_\_\_

Sponsor's Endorsement: "I attest that \_\_\_\_\_ has performed the following case studies in a satisfactory manner. He/she has met all quality and standard expectations.

State or Province \_\_\_\_\_ My License Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list your descriptions of 15 Category A ophthalmic surgical assisting cases below. Eligible cases are listed in Appendix C in the Criteria for Certification & Recertification handbook.

	Description of Procedure	Date	Physician's Signature
1.			
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