

# Sponsor / Employer Endorsement



## SPONSOR ENDORSEMENT FOR COA, COT, COMT, ROUB, AND CDOS APPLICANTS ONLY

PLEASE CHECK ONE OF THE FOLLOWING:  The applicant works under my direct supervision.  The applicant has my sponsorship.

*(The sponsoring ophthalmologist (or physician for ROUB and CDOS) attests that he/she knows the individual applicant, certifies that the individual is knowledgeable and skilled in the field, and that the individual is working within established JCAHPO guidelines for ophthalmic medical personnel.)*

I am an ophthalmologist (or physician for ROUB and CDOS), licensed to practice medicine in: \_\_\_\_\_  
State or Province My license number

**X** \_\_\_\_\_  
Sponsor's Signature Date

Sponsor's Name (Please print): \_\_\_\_\_  
First Middle Last

Same as your employer address (if not, please complete below)

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

City State Zip Code Country

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## EMPLOYER'S ENDORSEMENT (CCOA APPLICANTS ONLY)

The employer/supervisor attests that he/she knows the individual applicant, certifies that the individual is knowledgeable and skilled in the field, and that the individual is working within established JCAHPO guidelines.

**X** \_\_\_\_\_  
Employer's Signature Date