

**COLORADO OPTOMETRIC GLAUCOMA SOCIETY**  
**Membership Application**

Name: \_\_\_\_\_ OD MD PhD other \_\_\_\_\_ Birthdate: \_\_\_\_\_

Office Address: Street : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Optometry School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Residency/Fellowship: Y N Location: \_\_\_\_\_ Specialty: \_\_\_\_\_

Dates: \_\_\_\_\_

Current Practice Situation: Solo Group Employed: By: \_\_\_\_\_

Years in practice: \_\_\_\_\_ Colorado License #: \_\_\_\_\_ DEA #: \_\_\_\_\_ Advanced Therapeutic Certification: Y N

Teaching position: Y N School: \_\_\_\_\_

Research Activities: Y N List: \_\_\_\_\_

Publications: Y N List: \_\_\_\_\_

AOA/COA membership: Y N AAO membership: Y N Other affiliations: \_\_\_\_\_

Are you able to perform the minimum examination for glaucoma including:

- Y N
- Slit lamp examination of the anterior and posterior segment
  - Gonioscopic examination of the angle
  - Stereoscopic evaluation of the optic nerve and surrounding structures
  - Applanation tonometry for measuring the intra-ocular pressure
  - Threshold visual field examination and interpretation

Are you able to perform on site or have available through referral:

- Y N
- Stereoscopic fundus photography
  - Optic nerve imaging
  - Corneal pachymetry

Equipment you have in your Practice:

- Slit lamp condensing lens       Gonioscopy lens       Applanation tonometer       Threshold perimeter
- Pachymeter       Fundus camera       Optic nerve imaging: type: \_\_\_\_\_

Equipment you have access to through consultation:

- Threshold perimeter       Pachymeter       Fundus camera       Optic nerve imaging: type: \_\_\_\_\_

Short statement as to reason for joining COGS:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Membership Application - Membership Type You Are Applying For:**

General Membership (\$150): \$ \_\_\_\_\_  
Associate Membership (\$100): \$ \_\_\_\_\_  
Affiliate Membership (\$50): \$ \_\_\_\_\_  
**Total Enclosed:** \$ \_\_\_\_\_

Please include a copy of your curriculum vitae  
Please include a glaucoma case write-up – in SOAP format