SOCIETY OF OPTOMETRISTS, ORTHOPTISTS AND OPHTHALMIC TECHNOLOGISTS
P A K I S T A N
saving vision - spreading knowledge

SOOOP MEMBER APPLICATION FORM

I hereby apply for collegiate membership in the Society of Optometrists, Orthoptists, and Ophthalmic Technologists of Pakistan (SOOOP)

Name (Last Name, First Name, Middle Initial)	**Membership** ☐ **Full** (Fee Rs.1000) ☐ **Overseas** (Fee:2000) ☐ **Associate** (Fee Rs.500)	1)Your recent photograph with white background to be pasted here 2)Clip your second photograph with the form **(do not staple)**
Male ☐ **Female** ☐		
Date of Birth		
CNIC #		
Which email address may we use for: **SOOOP Notices and Newsletters** Business Alternate None **Publish on Find an Eye Care Professional?** Business Alternate None	Registration # (Office Use Only)	
	Email Address (alternate)	
	Email Address (business)	
EDUCATIONAL INFORMATION		
Optometry Degree	**Orthoptist Degree**	
College Attended	College Attended	
Degree Awarded Year	Degree Awarded Year	
Ophthalmic Technology Degree	**Other Degree Received**	
College Attended	College Attended	
Degree Awarded Year	Degree Awarded Year	
PERSONAL INFORMATION		
Home Address	**Home Tel**	
	Mobile Tel	
Emergency Contact	**Languages (other than English)**	
Please use the following as my **MAILING** address: ☐ **Home** ☐ **Business Address 1** ☐ **Business Address 2**		

OUTREACH (Please check all that apply)
I would be interested in:
☐ Speaking on radio or TV, or to a print journalist about optometric issues
☐ Participating on behalf of the SOOOP in community events such as health fairs, presentations to local groups, schools or companies.
☐ Participating with the SOOOP's government initiatives and advocacy campaign Participating on SOOOP committees
☐ Having a Mentor from the Mentorship Program contact you
BUSINESS INFORMATION
Please Check One ☐ **Full-Time Practitioner** ☐ **Part-time Practitioner** ☐ **Other (please specify):**
Business Address 1 (Primary work location) Clinic Name: Address: Tel No: Fax No: Business Email: Social Networks : Please check one: ☐ Sole Proprietor ☐ Partner ☐ Associate ☐ Other:_____ Days in this location: (circle all days that apply) M T W TH F Sat Sun
Business Address 2 Clinic Name: Address: Tel No: Fax No: Business Email: Social Networks : Please check one: ☐ Sole Proprietor ☐ Partner ☐ Associate ☐ Other:_____ Days in this location: (circle all days that apply) M T W TH F Sat Sun

AREAS OF PRACTICE INTEREST (Please check all that apply)*

Other Information:

Did any SOOOP member encourage you to join the SOOOP? ☐ YES ☐ NO

If so, what is the member's name?_____

The SOOOP sometimes receives requests from persons looking for an Eye Care Professional in their area or within a certain specialty. Please indicate your areas of specialty for the SOOOP referral list:

☐ Behavioral Optometry	☐ Diagnostics	☐ Vision Therapy
☐ Contacts	☐ Primary Eye Care	☐ Sports Vision
☐ Geriatrics	☐ Orthoptics	☐ Neurorehabilitative Optometry
☐Children	☐ Binocular Disorders	☐ Refractive Surgery Comanagement
☐ Ocular Disease	☐ Ortho K	☐ 1st Language
☐ Low Vision	☐ Opticianry	☐ Language Other_____

Please return to:-

Society of Optometrists, Orthoptists, and Ophthalmic Technologists of Pakistan (SOOOP) House, College of Ophthalmology & Allied Vision Sciences, Mayo Hospital Lahore.
Email: agha.saad@sooopvision.org
mobile # +923334443773

Contact Information for Questions? Feel free to Call/ Email.

Optometrist. Ayesha Saleem
Phone # +92300 4064690
Email: ayesha.saleem@sooopvision.org

Diag. Oculist. M. Arslan Ashraf
Phone # +92304 2445459
Email: arslan.ashraf@sooopvision.org

Optometrist Agha Saad
Phone # +92 333 4443773
Email: agha.saad@sooopvision.org

Documents Required

- ✓ Copy of Membership Card for old members.
- ✓ Copy of Matriculation Certificate.
- ✓ Copy of Intermediate Certificate.
- ✓ Copy of Professional Degree/ Diploma.
- ✓ Copy of National Identification Card.
- ✓ The Application form should be dispatched in A-4 size envelope.
- ✓ Two plain white background photographs one to pin and one to affix. The photograph should show your full frontal face with clear facial features. The size of the photograph must be 40mm (width) X 50mm (height).

Electoral Information

- Members vote for councilors to represent their interests on the Council. You vote for candidates in two categories:
- Someone from your area and someone who practices in the same way as you do. You need to choose which administrative unit of Pakistan you are in. Please tick one.

☐ Islamabad Capital Territory ☐ Punjab ☐ Sindh ☐ Baluchistan ☐ Khyber Pakhtunkhwa

☐ Federally Administered Tribal Areas ☐ Azad Kashmir ☐ Gilgit–Baltistan (semi-Province)

- If you wish to stand for election, you must be nominated and seconded to stand by members whose constituencies (locality or function) you will represent.
- Councilors by function must have the same voting unit (mode of practice) as the members they represent. Councilors by locality may come from any administrative unit of Pakistan provided they are nominated and seconded by members who vote in that unit.

Privacy Statement

- SOOOP collects, uses and discloses personal information (including the personal information requested on this form and other member personal information), in order to provide services and benefits to members, which includes:
- Managing and developing SOOOP operations, establishing, maintaining relationships with members, determining the needs and preferences of members and advocating member interests.
- Designing, developing and providing products, benefits, programs and information to members, employees and other individuals associated with SOOOP, including family members of SOOOP members and employees;
- Arranging for and permitting affiliated organizations and preferred suppliers to provide products, services and information to members, employees and other individuals associated with SOOOP, including family members of SOOOP members, employees, collecting and managing membership fees.
- Meeting legal or regulatory requirements; and such other purposes consistent with the foregoing purposes.
- By way of membership in SOOOP, and by providing the requested personal information as set out in this member information sheet, you consent to the purposes and uses outlined above for which SOOOP collects, uses and discloses your personal information. Your information may be used by SOOOP staff, directors and committee chairs for the purposes outlined above.
- SOOOP is committed to protecting the privacy and confidentiality of member personal information and complying with applicable legislation relating to the collection, use, disclosure, accuracy, safekeeping, retention and destruction (when appropriate) of personal information.

SOOOP Oath:

I_____ Son/daughter of _____
freely and solemnly pledges that:-

- "I will practice the art and science of Vision Sciences faithfully and conscientiously, and to the fullest scope of and consistent with my competence.
- I will uphold and honorably promote by example and action the highest standards, ethics and ideals of my chosen profession and the honor of the Degree/Diploma in vision sciences awarded to me.
- I will provide professional care to those who seek eye care services, with concern, with compassion, and with due regard for their human rights and dignity.
- I will place the treatment of those who seek my care above personal gain.
- I will hold as privileged and inviolable all information entrusted to me in confidence by my patients.
- I will advise my patients fully and honestly at every step that must be taken to restore, maintain or enhance their vision and shall keep the visual welfare of patients upmost at all times.
- I will wholeheartedly and promptly advise patients whenever consultation with an eye care colleague or reference to other health care professional seems advisable.
- I will strive continuously to broaden my knowledge and skills so that the patients may benefit from all new and effective means to enhance the care of human vision.
- I will share information with my fellow eye care personnel, and other health professionals for the benefit of patients and the advancement of human knowledge and welfare.
- I will do utmost to serve my community, my country and mankind as a citizen as well as an eye care professional.
- I will not perform surgery or engage myself in other invasive procedures.
- I will consider all Vision Sciences team members, as fellow vision scientists, and will strive to keep cordial healthy relationship with them.
- I hereby commit myself to be steadfast in the performance of this my solemn oath and obligation.
- The information provided by me in the Membership Form is true and correct.
- There is no legal/medico legal case pending against me in any court of Pakistan/abroad.
- I will not hold the Society of Optometrists, Orthoptists, and Ophthalmic Technologists of Pakistan (SOOOP) responsible for any of my misconduct during my practice as an eye care personal or as an individual. However it is entirely the preference of SOOOP office to support me in case such situation arises in future.
- I certify that I will fully support the Constitution and Bylaws and Code of Ethics of the SOOOP, Provincial and National Laws of Pakistan. I understand should I violate these in any way; my membership will be subject to termination.

_____ _____

Signature of Member Date