



Application Form

Optometry Australia Credentialled Advanced Practitioner - Glaucoma

I am interested in applying to become an Optometry Australia
Credentialled Advanced Practitioner – Glaucoma (OACAP-G).

First name:

Surname:

Optometry Australia Membership number (M123456):

Best contact phone number:

Email:

Primary practice name:

Primary practice address:

State:

Postcode:

While Optometry Australia expects that applications will require 5 years of experience to build the required clinical expertise, some practitioners may have achieved extensive glaucoma experience within a shorter time frame.

- Yes, I have a minimum 5 years of clinical experience in the field of optometry.
- No, I have less than 5 years of clinical experience in the field of optometry. I have provided below a summary of my relevant experience.

Date:

Location:

Signature:

Once completed, please return this form together with your CV and cover letter (PDF or Word) by email to apr@optometry.org.au.