



Paraoptometric Section

# Census Report 2011

The American Optometric Association Paraoptometric Section (PS) performs an annual census to verify contact information and various demographics of our new and renewing PS members. Information gathered from census results is vital to our communication efforts with our members. As of January 2011 we have mailed 2,019 census forms; 25 percent of them have been returned resulting in an error level of 3.6 percent at the 95 percent confidence interval. The results of the survey are presented below.

Questions about the Census Report may be directed to 800-365-2219, ext. 4222 or e-mail, [PS@aoa.org](mailto:PS@aoa.org).

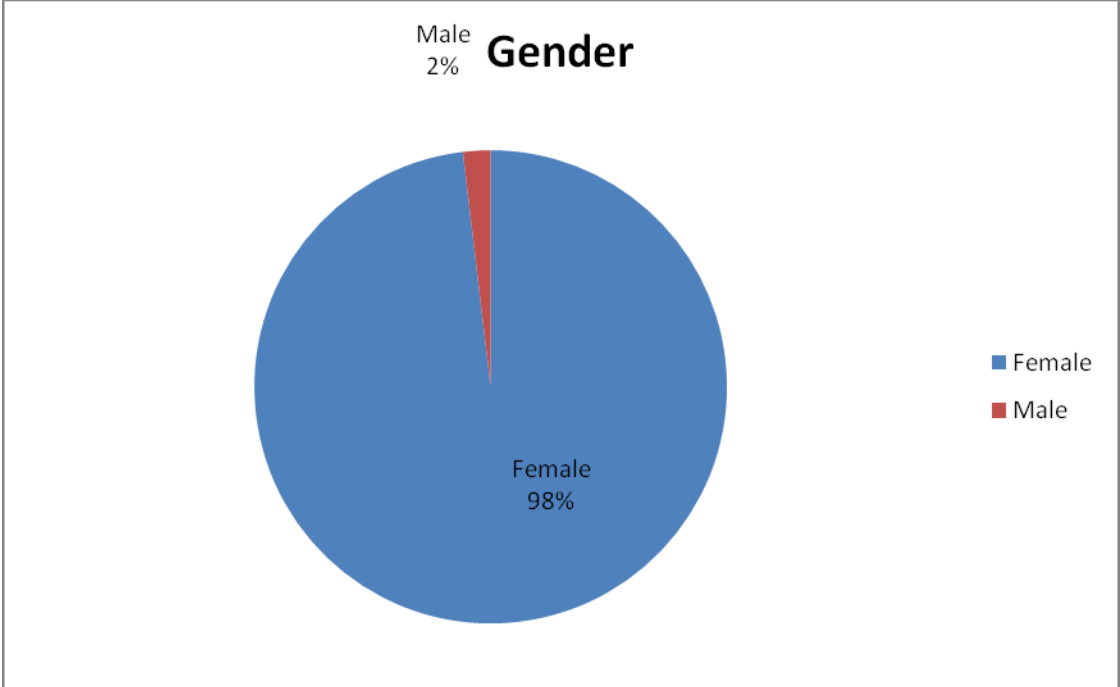
## Census Form Sent with Membership Cards for 2011

AOA 2011 Membership Census

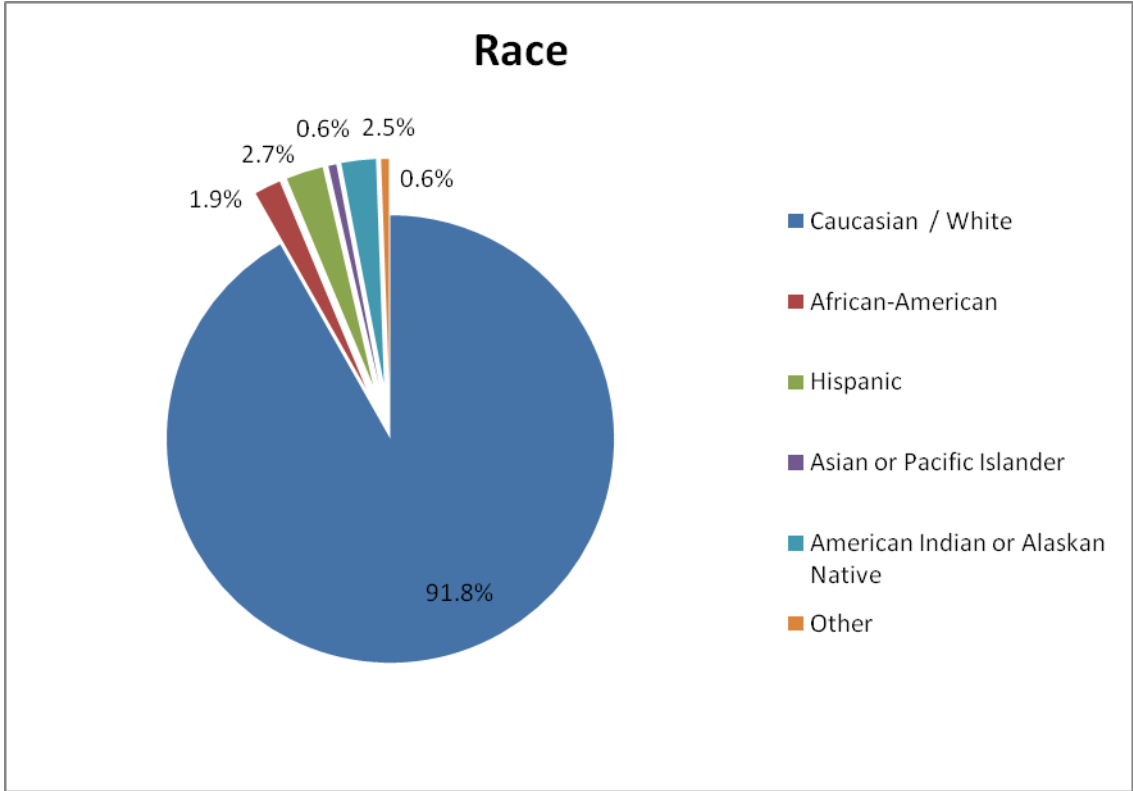
Name: (First, Middle Initial) \_\_\_\_\_  
 Name: (Last, Suffix: Jr., Sr.) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ / \_\_\_\_\_ Cell: \_\_\_\_\_ / \_\_\_\_\_  
 Business/School Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Preferred Address:  Home Address (or)  Business

<p><b>1</b> <b>Date of Birth</b></p> <p style="text-align: center;"> <input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y  <input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y         </p>	<p><b>6</b> <b>YEARS in the profession:</b></p> <p> <input type="checkbox"/> Less than 1 yr  <input type="checkbox"/> 1-5 yrs  <input type="checkbox"/> 6-10 yrs  <input type="checkbox"/> 11-15 yrs  <input type="checkbox"/> 16-20 yrs  <input type="checkbox"/> Over 20 yrs         </p>
<p><b>2</b> <b>Gender</b></p> <p> <input type="checkbox"/> Male <input type="checkbox"/> Female         </p>	<p><b>7</b> <b>Are you certified?</b></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No         </p>
<p><b>3</b> <b>Ethnicity</b></p> <p> <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Asian or Pacific Islander  <input type="checkbox"/> Africa-American <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Hispanic <input type="checkbox"/> Other         </p>	<p><b>8</b> <b>If yes, which certification do you hold? (Check ALL that apply)</b></p> <p> <input type="checkbox"/> CPC  <input type="checkbox"/> ABO  <input type="checkbox"/> NCLE  <input type="checkbox"/> ICAPHO  <input type="checkbox"/> Other: _____         </p>
<p><b>4</b> <b>Location of Primary Practice</b></p> <p> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban         </p>	<p><b>9</b> <b>If CPC certification, which designation?</b></p> <p> <input type="checkbox"/> CPO  <input type="checkbox"/> CPOA  <input type="checkbox"/> CPOT         </p>
<p><b>5</b> <b>Employed by:</b></p> <p> <input type="checkbox"/> Optometrist  <input type="checkbox"/> Ophthalmologist  <input type="checkbox"/> HMO  <input type="checkbox"/> Hospital / Clinic / Other Multidisciplinary  <input type="checkbox"/> Regional / National Optical Company  <input type="checkbox"/> Armed Forces / VA / USPHS  <input type="checkbox"/> Educational Institution  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Other: _____         </p>	

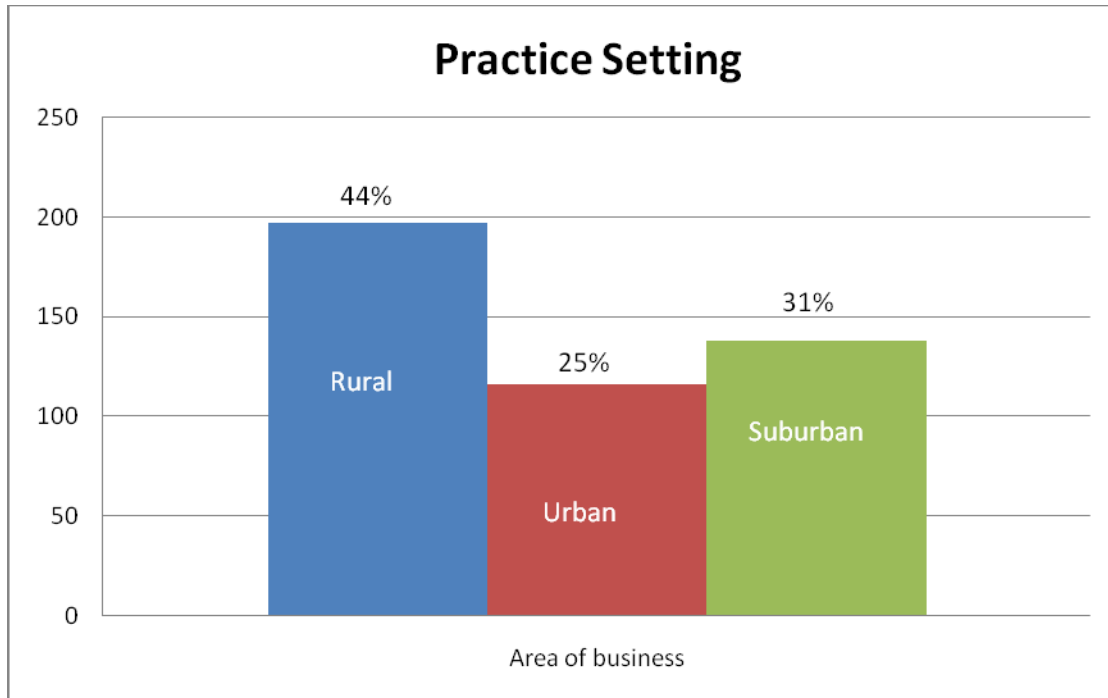
# Gender



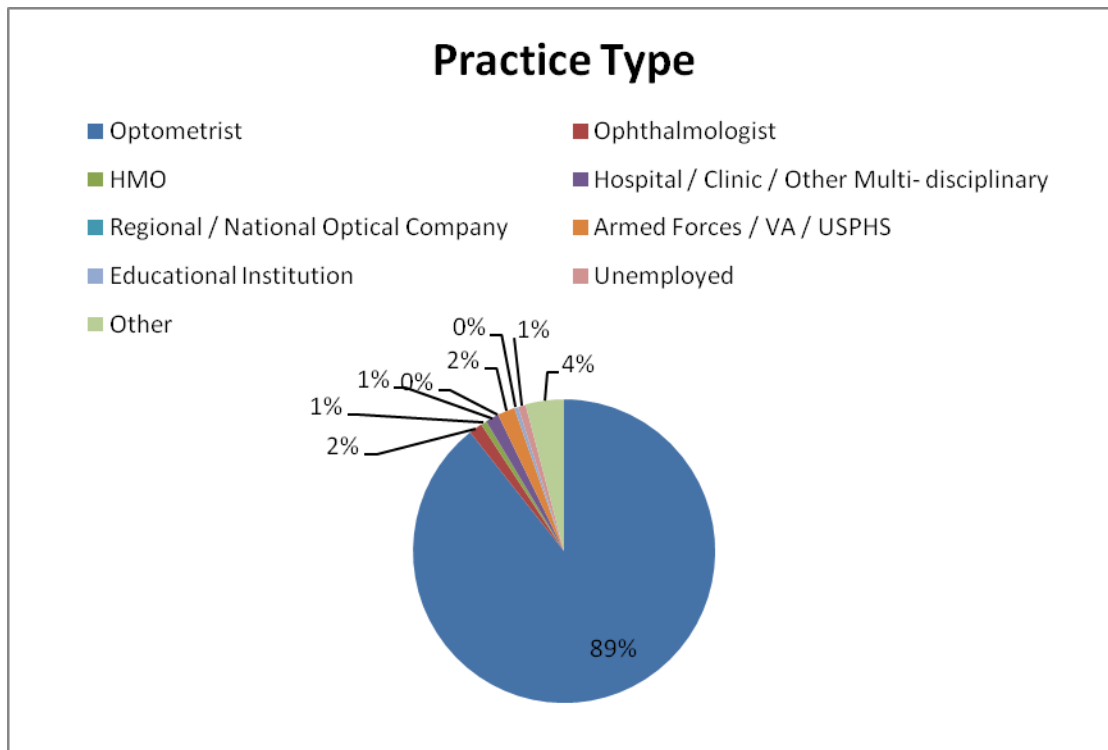
# Ethnicity



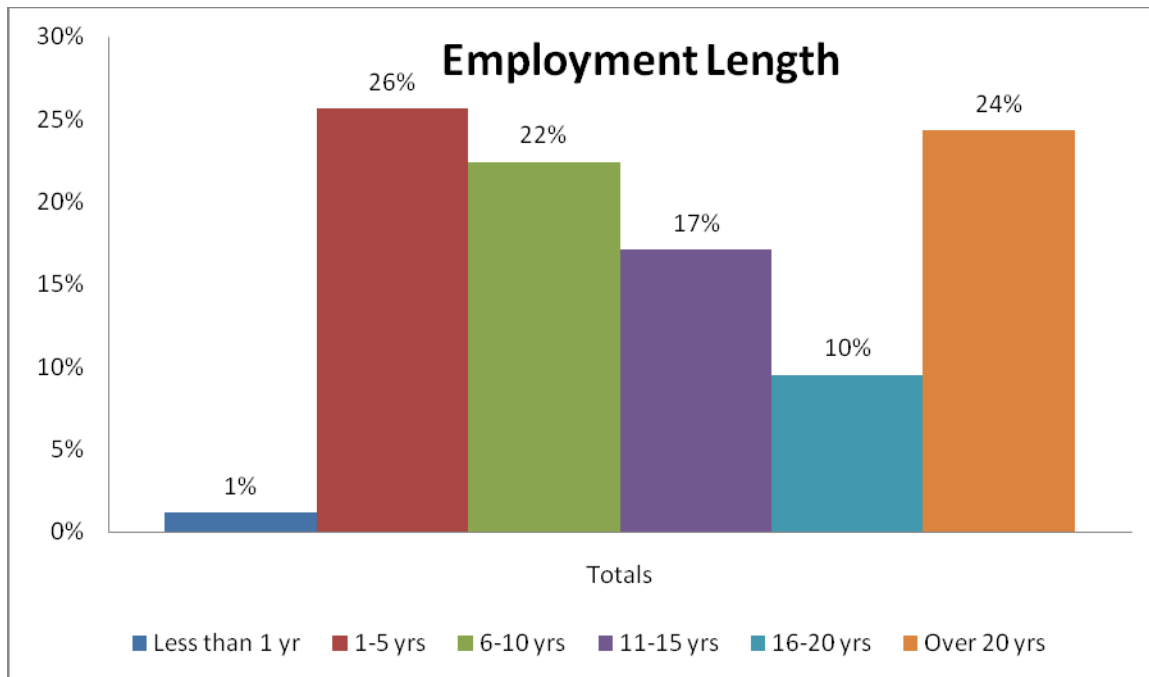
## Practice Setting



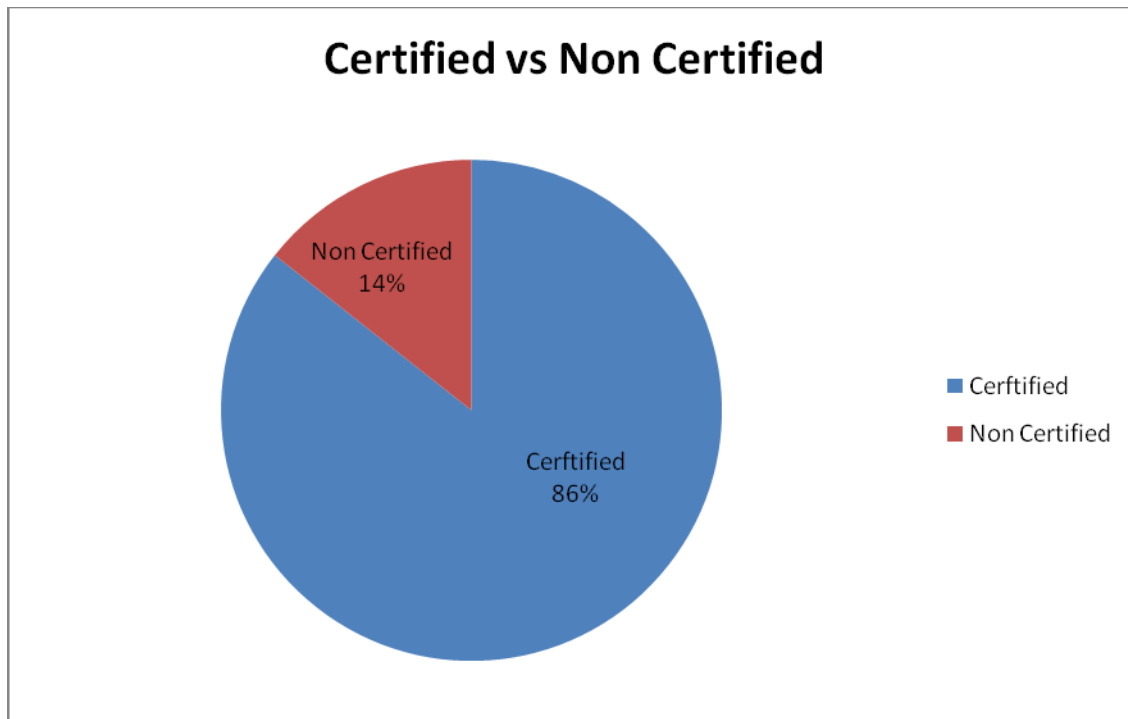
## Practice Type



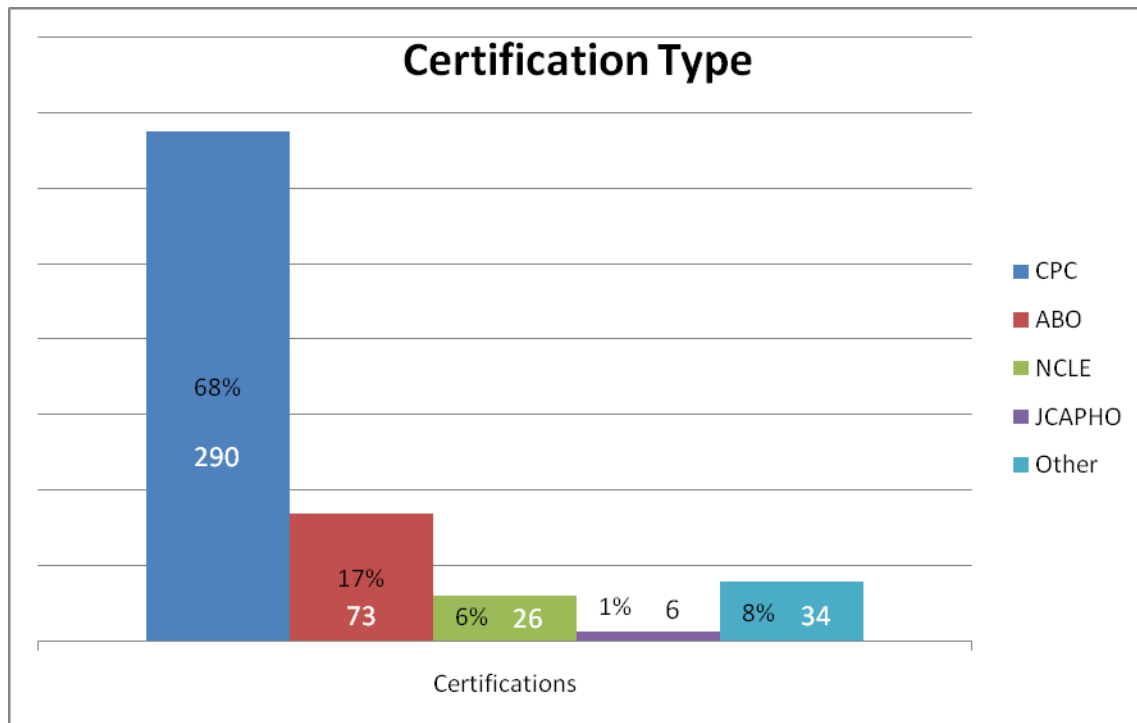
## Employment Length



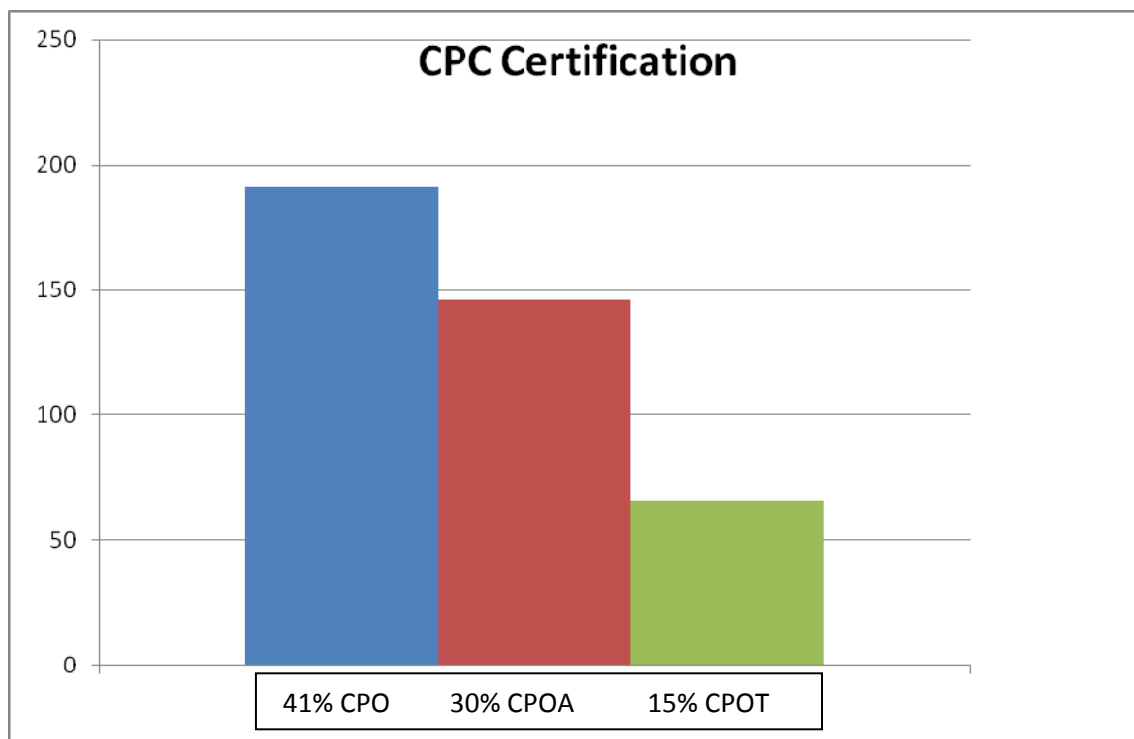
## Are you a certified paraoptometric?



## Through what certifying body is your certification?



## Which CPC certification designation are you?



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The Paraoptometric Section strives to offer the best in customer service, programs, services and education for paraoptometric. If you would like to contact the PS with comments or suggestions, call 1-800-365-2219, ext. 4222.

