

Application for NORA Fellowship Program

NORA Member Name/Degree _____ Date _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Profession _____

Business Telephone _____ Mobile Phone _____

Email (please print legibly) _____

Your web site URL (if available) _____

Welcome to the NORA Fellowship Program!

This program is designed to enhance your ability to evaluate and help patients with brain injuries and other neurological impairments (within the scope of practice of your profession).

Please mail this application form and a check payable to **NORA** in the amount of **U.S.\$300.00** (Please print your name and the word "FNORA Curriculum" on the memo line of your check and write your check number here _____). Afterwards, further information regarding the specific requirements for completing each of the 3 levels of the Fellowship process will be emailed to you.

The time frame allowed to complete the process is up to five to ten years. At the successful completion of all requirements, you will be awarded the Fellow in Neuro-Optometric Rehabilitation Association (FNORA).

Please Mail this application to:

NORA Fellowship Application
c/o Charles Shidlofsky O.D. F.C.O.V.D.
7140 Preston Road, Suite 300
Plano, TX 75024

Dr. Derek Tong O.D. F.N.O.R.A., the NORA Fellowship Committee Chair will contact you within about 2 to 3 weeks after receiving your application.