



NIGERIAN OPTOMETRIC ASSOCIATION ELECTION, REFEREE FORM

Please Fill out this Form using block letters Only, and MUST be submitted in quadruplicate

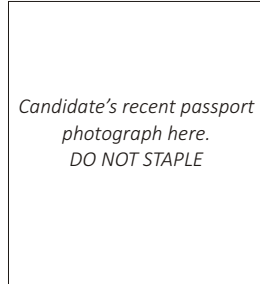
CANDIDATE'S DETAILS

Name of Candidate _____
Surname First, Other names

Membership Status Fellow Member State Branch _____
Tick as appropriate

ODORBN No. _____ Office Sought _____

Year of Graduation _____ Year of NYSC completion _____



REFEREES' DETAILS

Name of Referee _____
Surname First, Other names

Membership Status
 Fellow Member

ODORBN No. _____ State Branch _____ Phone Number _____

Email: _____ Practice Address _____

Referee's Signature _____ Date _____
Referee attests here that all information contained here is correct

Name of Referee _____
Surname First, Other names

Membership Status
 Fellow Member

ODORBN No. _____ State Branch _____ Phone Number _____

Email: _____ Practice Address _____

Referee's Signature _____ Date _____
Referee attests here that all information contained here is correct

Name of Referee _____
Surname First, Other names

Membership Status
 Fellow Member

ODORBN No. _____ State Branch _____ Phone Number _____

Email: _____ Practice Address _____

Referee's Signature _____ Date _____
Referee attests here that all information contained here is correct

ENDORSEMENT *Endorsement MUST be by the State Chairman.*

Name of Endorser _____
Surname First, Other names

State Branch/Region _____ Position _____

Endorser's Signature _____ Date _____
Endorser attests here that all information contained here is correct





NIGERIAN OPTOMETRIC ASSOCIATION 2014 ELECTION REGISTRATION FORM

Please Fill out this Form using block letters Only, and MUST be submitted in quadruplicates

CANDIDATE'S DETAILS

Candidate's recent passport photograph here.
DO NOT STAPLE

Name of Candidate _____
Surname First, Other names

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 Phone Number _____
Date of Birth

Email: _____ Sex M F

Practice Address _____

Residential Address _____

Membership Status Fellow Member State Branch _____
Tick as appropriate

ODORBN No. _____ Office Sought _____

Year of Graduation _____ Year of NYSC completion _____

Candidate's Signature _____ Date _____
Candidate attests here that all information contained here is correct

Official Stamp and Signature of Electoral Officer Here _____

Electoral Officer _____ Region _____

Stamp _____ Date _____
Append Signature across Stamp

REGISTRATION FEE

Forms will be obtainable at the following rates:
PRESIDENCY NGN 20,000.00
VICE PRESIDENCY NGN 15,000.00
SECRETARY NGN 15,000.00
OTHER POSTS NGN 10,000.00

PAYMENT SHOULD BE MADE INTO

Nigerian Optometric Association
Account No. 1010289876, Zenith Bank.

Present original Teller and Submit a duplicate copy of the Teller to collect the Registration and Referee Forms From the Electoral Committee representative in your zone. Forms should e submitted after filling, to this same source

PROCEDURE FOR REGISTRATION

1. Make payment to the account above for the intended category and present the original teller and submit a duplicate copy to the Regional Electoral committee representative (See *Contacts* overleaf) to collect the Registration Form and the Referee Form.
2. After filling your Forms, present them to your state chairman for endorsement.
3. Submit the original copy of the Filled and endorsed Forms, along with the required credentials and four (4) photocopies of each Forms to the Electoral representative (preferably in person). Submissions should be made on or before 30th May, 2014.
4. You must provide three (3) Referees, all of who must be Optometrists of good financial standing with the Board and NOA (See *Guidelines for Eligibility* overleaf).
5. Each of your referees should provide a confidential report to any of the contact details listed below by email and or Post to any of the listed contacts, on or before 30th May, 2014.
6. You are to attach four (4) photocopies of the following Certificates; ODORBN Full registration, NYSC, Fellowship (where applicable), and the Current (2014) practicing licence.



NIGERIAN OPTOMETRIC ASSOCIATION

2014 ELECTION REGISTRATION AND PARTICIPATION GUIDELINES

GUIDELINES FOR ELIGIBILITY

1. Candidate must be an Optometrist, hence must have a minimum qualification of OD (Doctor of Optometry).
2. Candidate Must be up-to-date with all NOA dues and levies at the chapter and National level and Must have a current practicing licence from the ODORBN (Clearance notes will be required to this effect, and a copy of the most current practice licence attached).
3. Any candidate vying for the Presidency must have not less than 10 years post NYSC of Optometric experience.
4. Any candidate vying for Vice Presidency and Secretaryship Must have not less than 8 years post NYSC of Optometric experience.
5. Any candidate vying for other positions must have not less than 5 years post NYSC of Optometric experience.
6. A Referee Must have a minimum of 10 years post NYSC of Optometry experience, and Must be of good financial standing with the NOA state, NOA National and the Board (ODORBN)

GUIDELINES FOR PARTICIPATION

1. Candidate must be an up-to-date member of his/her state chapter.
2. Registration and Referee Forms can only be obtainable from the Regional Electoral committee representative (See Contact details below).
3. Candidates MUST be endorsed by the State Chairman.
4. All Candidates will be required to obtain their registration form at a stipulated cost (See Registration Fee overleaf).
5. All completed forms must be forwarded to the electoral committee in HARD COPY on or before 30th May 2014, to any of the contact detail below;

ELECTIONEERING GUIDELINES

1. Candidates are advised to campaign at state levels, through social media, emails and bulk SMS.
2. Only Manifestos will be undertaken on the eve of the election day and will stop by 11:59pm prior to election day.
3. Election day shall be the Saturday of the week of the 2014 Annual General Meeting of the Nigerian Optometric Association.

CONTACT DETAILS

EAST

Assoc. Prof. Ebele Uzodike
Chairman Electoral Committee
St. Raphael's Eye Clinic
30 Mbari Street, Owerri, Imo State
ebeluzo@yahoo.com
08037246916, 08172846081

NORTH

Dr. Tisan Bagaiya
Secretary, Electoral Committee
Department of Ophthalmology
ABUTH Shika, Zaria. Kaduna State.
Tisandalebagaiya@yahoo.com
08035896101

SOUTH

Dr. Ejitu Mfon Isong
Member
State Eye Clinic Uyo,
Akwa Ibom State
megotefom@yahoo.com
08052011799

WEST

Dr. Michael Nwoko
Member
NOA Edo Secretariat, 37 Forest
Road, Benin City, Edo State.
mikyisi@yahoo.com
08069723560

NOTE:

The NOA Electoral Committee Reserves the right to disqualify any candidate for non-compliance with any of the guidelines at any stage of the electoral processes up until the results are declared.

The NOA Electoral Committee Reserves the Right to Annul the outcome of a candidate's election should it be known that such candidate provided a false information.

DISCLAIMER: All documents should be submitted as HARD COPIES and preferably in person. The committee WILL NOT be held responsible for any document(s) submitted by proxy, courier or any other means.

