

## **Thesis Guidelines for the American Ophthalmological Society**

### **I. INTRODUCTION**

#### **PREFACE**

The **American Ophthalmological Society (AOS)**, founded in 1864, is the oldest American specialty society that has functioned without interruption into the 21st century. Election to the AOS is intended for the present or future leaders of American Ophthalmology, and membership requires the candidate to demonstrate scholarship in the form of a thesis. This thesis should be an original contribution toward the advancement of the science and art of ophthalmology. A thesis is more than a routine scientific paper.

Upon the recommendation of peers and following an evaluation of accomplishments, candidates for membership are invited to write a thesis. These guidelines are intended to help with the preparation of a thesis of which both the candidate and the Society will be proud. Detailed instructions on format, style, and manuscript preparation are included.

#### **SELECTION OF TOPIC**

A thesis is a position or proposition, advancing an original point of view and supported by research or argument. It is a demonstration of scholarship that presents new findings or provides strong evidence to confirm or deny the value of a concept, procedure, or technique.

Appropriate topics for a thesis include, but are not limited to, clinical, applied, or basic research; observational and population-based studies; medical services research; bioethics position papers; laboratory biomedical research; innovative surgical techniques; administrative issues, and other investigations that advance the science and art of ophthalmology. The most important factors are: (1) that the impetus and creativity behind the research be predominantly that of the candidate, and (2) that the work be new and original and not previously published elsewhere.

The purpose of the thesis should be clearly articulated. Most theses involving biomedical research should include a hypothesis which is tested in the research. Theses should also include reviews of background material, detailed methodology, and succinct presentations of results. A thorough discussion should follow and conclusions should be formulated. In general, case reports are not acceptable, but case series may be included to prove or disprove the hypothesis.

Prior publication by any of the authors of material that is obviously similar to or substantially overlapping that contained in the thesis is not acceptable. However, the inclusion of portions of any of the author's previously published research efforts may be employed in the production of a thesis and referenced as material that supports or contradicts the premise of the thesis.

Individuals may submit a thesis based on a significant portion of a multicenter study. The AOS permits a multi-authored thesis, reflecting the present pattern of research. However, the requirement of primary authorship of the thesis candidate must be met even though many others may meet and be listed as coauthors or have contributed in data collection or monitoring roles. The advisability of including such material in a thesis should be discussed with the Principal Investigator of the study and with the Executive Vice President before embarking on the project. A written agreement between all contributors should be signed to avoid potential miscommunications.

#### **LENGTH**

Thesis length is left to the author's discretion. Originality and quality are more important than the number of pages. The length of theses published in recent *Transactions* ranged from 20 to 132 printed pages.

## **DEADLINE**

A candidate is given 3 1/2 years to prepare a thesis. In fairness to candidates who submit their thesis on time, and according to the Bylaws of the Society, no extensions can be granted. A thesis may be submitted at any time for consideration prior to the deadline and theses are now being reviewed when submitted rather than at only one time of the year.

## **Underestimating the Time Required**

The deadline for submission of theses is firm. One of the most common errors is a delay in initiating the task. Completing the project with time to spare is recommended.

## **SOURCES OF ASSISTANCE**

Authors are encouraged to seek assistance from a variety of potential sources.

### **Sponsors**

Sponsors can be valuable sources of assistance in the planning, preparation, and review of theses. It is important to consult with one or both of them about potential thesis topics and outlines and to communicate progress at selected intervals. A near-final draft should be provided to both sponsors. Respected colleagues may also be asked to review a draft of theses. It is very important to allow adequate time for reviewers' comments and for subsequent revisions.

### **Questions or Clarification**

Any questions about structure and format that are not answered in these Guidelines should be directed to the Executive Vice President.

### **Review of Prior AOS Theses**

A review of past theses related to the candidate's topic is helpful. Theses are published in the *Transactions* and are listed separately in the Table of Contents. Theses published in 2001 and later are available at [www.AOSonline.org](http://www.AOSonline.org) and all AOS theses and papers since 1865 are available via a link to PubMedCentral that is provided under *Transactions* at [AOSonline.org](http://AOSonline.org).

### **Editorial Assistance**

The *Transactions*, just as any journal, has a particular style and authors are required to format the manuscript specifically for the *Transactions*. Professional editing is appropriate and frequently helpful as the authors are required to prepare a publication ready manuscript. After the manuscript is approved by the Editor, a copyeditor prepares the manuscript for publication. If the manuscript requires excessive copyeditor time or resources, the authors will be charged an appropriate fee as determined by the Council.

### **Biostatistician**

For theses requiring statistical analyses, the use of a biostatistician or epidemiologist prior to undertaking the project can avoid later problems. The methodology, end points, and planned analysis should ideally be determined prior to collection of data.

## **II. FORMAT AND STYLE**

Prepare the thesis in or convert it to Microsoft Word for PC. Submit one digital copy of the single-spaced manuscript and one copy of the figures (and hard copy figures only if necessary) in a CD or DVD. If accepted, the thesis is published in the *Transactions* on the AOS website as well as free open access in PubMedCentral. All digital files should be labeled with the extension and with the software and version used to create the files. Thesis CD or DVD or thumb drive should be mailed by the deadline to the Executive Vice President. Do not send by email because of the anticipated digital size.

## **TITLE PAGE**

Include the full name and academic degree(s) and institution or location of each author in the byline. It is expected that the candidate qualify as the first and primary author and the other names should appear to reflect their contribution to the thesis. All authors should meet Authorship criteria; alternatively, contributors should be listed in the Acknowledgment. Provide the complete postal address, email, and phone number of the candidate for future correspondence. Funding and disclosure information should be submitted under Acknowledgments and not on the title page (see below).

## **TABLE OF CONTENTS**

Include a Table of Contents for theses over 20 pages long.

## **STRUCTURED ABSTRACT**

A structured abstract of no more than 250 words is required. Place the abstract on a separate page following the title page (or Table of Contents) using the following format:

### ***Purpose***

State the major hypothesis or objective of the study. This is generally one sentence beginning with, "To....."

### ***Methods***

Describe the design of the study, noting randomization, masking, criteria standards, and temporal direction (retrospective or prospective) as applicable. Indicate the study setting (eg, institutional, multicenter, primary care, referral practice). Identify the patients or other participants by noting selection procedures, entry criteria, and numbers. Specify the intervention procedures and the main outcome measures.

### ***Results***

Briefly summarize the principal results obtained. Results must be accompanied by data with confidence intervals and the exact level of statistical significance. Results must also identify any significant limitations or qualifications of the data and give suitable emphasis to positive and negative findings.

### ***Conclusions***

State the conclusions directly supported by the data, describe the clinical or research applications, compare to the prior literature, and indicate limitations of the study.

## **STYLE**

### **Manuscript sections**

In general, the text of the manuscript should follow the sections of the Abstract and include an INTRODUCTION to the study, including a clearly articulated hypothesis in the final paragraph; METHODS AND/OR MATERIALS sufficient for others to repeat the study; RESULTS that are limited to this specific study; and a DISCUSSION that answers the research related to the hypothesis, reviews pertinent and/or conflicting literature and establishes the importance, limitations and recommendations based on this study. Because of the length of some theses, a CONCLUSION section is permitted.

The first paragraph of the METHODS section should indicate whether the IRB approval was prospective (before the study began) or retrospective. Indicate precisely what the IRB approved. Name the IRB that approved the research or provide a statement and rationale as to why the named IRB waived approval. Indicate proper informed consent for both the treatment and participation in the research; HIPAA compliance, Clinical Trials registration, number, and location; and Institutional Animal Care and Use Committee guidelines. If the IRB waived the need for approval of this research, then indicate adherence to the Declaration of Helsinki and all federal or state laws in your country. Authors cannot make the decision as to whether IRB approval is needed; your IRB should make that decision and provide a waiver if they feel it does not require IRB approval.

## **PAGINATION AND MARGINS**

Manuscripts should be typed single-spaced and right margins should be unjustified. Pages should be numbered consecutively with page numbers in the lower right corner.

### **Text Font**

Text font should be 10-point Times New Roman.

### **Headings Fonts**

**Four levels of font headings are used in the text.** These headings are demonstrated below. The first level of font heading in the text should be used for the headings Introduction, Methods, Results, and Discussion.

#### **TAOS HEADING 1: BOLD, UPPERCASE, FLUSH LEFT**

Font: Times New Roman

Size: 11

All Caps

Bold

Paragraph Spacing: 6pts before, 2pts after

Line Space: Single

#### **TAOS HEADING 2: BOLD UPPERCASE, FLUSH LEFT**

Font: Times New Roman

Size: 10

All Caps

Bold

Paragraph Spacing: 6pts before, 2pts after

Line Space: Single

#### **TAOS Heading 3: Bold, Mixed Case, .1" Indent**

Font: Times New Roman

Size: 10

Mixed Case

.1" left indent

Bold

Paragraph Spacing: 2pts before, 1pts after

Line Space: Single

#### **TAOS Heading 4: Bold, Mixed Case, Indented, followed by a period and regular text.**

Regular text continues from here.

Font: Times New Roman

Size: 10

Mixed Case

Indentation: Special: First Line: .2"

Bold

Paragraph Spacing: 2pts before, 1pts after

Line Space: Single

### **Style Guide**

Use the most current American Medical Association Manual of Style: A Guide for Authors and Editors, 10th edition, 2007 as a guide for style. Of particular importance in the style manual are the sections on abbreviations of clinical and technical terms and units of measure (Chapter 14) and statistics (Chapter 20). The book is available at some bookstores or medical libraries.

### **Rounding Off Digits**

Round off the digits to the right of the last significant digit. If the digit to the right of the last significant digit is less than 5, the last significant digit is not changed. If the digit is 5 or greater, the

last significant digit is rounded up to the next higher digit. For example, 47.746 is rounded to 47.7 years, 47.763 is rounded to 47.8 years. (See sections 18.4.2 and 19.7.1 in the AMA Manual of Style.)

### **Numeric Equivalent and Percentages**

Numeric equivalents must precede all percentages. Percentages are not allowed for sample sizes of 10 or less.

*Example:* Of 80 patients, 20 (25%) had retinopathy.

### **P Values**

Designate probability, using an *italicized P* but no zero before the decimal point. When *P* values are used, the actual *P* value (eg,  $P=.032$ ) is preferred to an inequality (eg,  $P<.05$ ).

### **Abbreviations**

Restrict abbreviations to those that are widely used and understood by all ophthalmologists. Avoid using abbreviations that have meaning only in the context of the thesis. The first time a term is abbreviated, the term must be written out in full followed by the abbreviation in parenthesis; for example, nonsteroidal anti-inflammatory drug (NSAID). Do not use periods after abbreviations.

## **REFERENCES**

### **Number of References**

The number of references cited is at the author's discretion, and authors are solely responsible for precise references in the correct format. In the past 10 years, this number has ranged from 26 to 586 with an average of 120 references. The references must be in current AMA reference format and should have been reviewed and recommended by the author and selected for their quality, pertinence, and thorough historical significance relative to the topic. PubMed offers a useful reference checker at <http://www.ncbi.nlm.nih.gov/pubmed/citmatch>.

### **Citations in the Text**

References should be cited in the text, tables, or figures in consecutive numerical order and designated by superscript Arabic numerals. Reference numbers are placed after commas and periods but before colons and semicolons. For a two-author reference within the manuscript text, list both author names; for three or more authors in the manuscript, list the first author followed by "and associates," "and colleagues," or "and coworkers." Do not use "et al."

*Examples:* Smith and coworkers<sup>4,5</sup> reported.

Findings were as follows<sup>5-8</sup>:

References should be numbered consecutively in the text and in the reference list. If you use an automated reference numbering software (eg, Endnote or Reference Manager) the linkage must be turned off. The references must be verified by the author(s) against the original documents. PubMed offers a useful reference checker at <http://www.ncbi.nlm.nih.gov/pubmed/citmatch>.

### **Listing of References**

References to journal articles should follow the current AMA format and include:

- 1) Authors' surnames and initials (list 6; for more than 6 authors, list the first 3 followed by "et al.")
- 2) Title of Article
- 3) *Journal* name in italics (as abbreviated in PubMed)
- 4) Year
- 5) Volume number
- 6) Issue number
- 7) Inclusive page numbers

References to books should include:

- 1) The author or authors
- 2) Chapter title (if any)

- 3) Editor or editors (if any)
- 4) Book title
- 5) Edition (other than the first)
- 6) City of publication
- 7) Publisher
- 8) Copyright year
- 9) Inclusive pages of the chapter or section cited

Examples:

*Journal article:* Robinson MR, Reed G, Csaky KG, Polis MA, Whitcup SM. Immune-recovery uveitis in patients with cytomegalovirus retinitis taking highly active antiretroviral therapy. *Am J Ophthalmol* 2000;130(1):49-56.

*Journal article with organization as author:* The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing: safety and performance guidelines. *Med J Aust* 1996;164(5):282-284.

*Book:* Rootman J, Stewart B, Goldberg RA. Orbital surgery: a conceptual approach. Philadelphia: Lippincott-Raven, 1994:1-394.

*Book chapter:* Macsai MS, Mannis MJ, Huntley AC. Acne rosacea. In: Mannis MJ, Macsai MS, Huntley AC, editors. Eye and skin disease. Philadelphia: Lippincott-Raven, 1996:335-341.

A reference to a study that has been accepted for publication but is not yet published or reference to an Epub article should be identified as "forthcoming" rather than as "in press." The reference should name the journal or other publication in which the study will appear.

Unpublished data, such as studies in preparation or submitted for publication, posters, and unpublished abstracts the reader cannot retrieve in a literature search, are to be incorporated parenthetically in the text.

Association for Research in Vision and Ophthalmology (ARVO) and other abstract references are discouraged. If used, ARVO abstract citations should appear parenthetically within the text, not as bibliographic references, in the exact format recommended by ARVO. Citations should include: (1) name of first author, (2) "IOVS", (3) year, (4) volume number, (5) "ARVO E-Abstract", and (6) program number. Eg., (Roska BM, et al. IOVS 2002;43:ARVO E-Abstract 1415).

Personal communications should be cited parenthetically in the text, as in this example: (Evans DW, written communication, September 1, 1997). The Corresponding Author should provide authorization for use of this personal communication.

Internet references should be limited to important Full-Length articles that are not available in print or have been updated on the Internet since initial print publication. If a print reference is available, it should be used. The online reference should be listed with complete information including title and authors with the addition of the URL address and accession date. The URL address and availability must be confirmed again with any revision submission. Because Internet articles frequently are not available at a future date, the authors must make a print copy of the material they are referencing from the Internet, hold it indefinitely, and provide it to the AOS at any time in the future. Do not use ePub information if in print.

Example:

International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. Available at <http://www.icmje.org>. Accessed June 12, 2012.

## ACKNOWLEDGMENTS/DISCLOSURE

The **American Ophthalmological Society** requires the thesis candidate to accept full responsibility as the primary author for all aspects of the submission; however, multiple authorship is encouraged to accurately reflect the contributions of each author. Enhanced disclosure information is required from every author in a specific format. The following information should appear, in the order indicated (labeled A through D), in the Acknowledgment section of the thesis (just prior to the References). The information will appear in the *Transactions of the American Ophthalmological Society*. This information should not appear on the Title page of the manuscript or in the Methods section of the manuscript.

### Use the Following Template for the Acknowledgment:

A. Funding/Support (including none): any government and non-government support must be acknowledged.

B. Financial Disclosures: The Disclosures should capture the essence of the information contained in the [ICMJE Disclosure Form](#). Provide all disclosures now or in the previous two years that relate to any commercial companies or devices employee, consultant or advisory positions; speaker bureaus, lecture fees; grant support, equity payments; patents; advisor to investment companies; and expert witness testimony. Do not state, "no financial conflicts" as this is not what is requested in this section, but rather all "financial disclosures" are required, and should be consistent with the ICMJE disclosure forms. If you have no financial disclosures, you may state this.

Please complete the [AOS Thesis Author Disclosure Form](#).  
([http://www.aosonline.org/thesis\\_author\\_disclosure\\_form.doc](http://www.aosonline.org/thesis_author_disclosure_form.doc))

C. Contributions of Authors in each of these areas: design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript. After each component, provide author initials in parentheses, SAMPLE: Contributions of Authors: Design of the study (AB, CD, EF); Conduct of the study (AB, EF, GH), etc. Each author must have a specific role in the manuscript; however, **the thesis candidate must have an identifiable contribution to each component of the thesis**. Overall management/supervision of a laboratory alone or a position of chair alone does not constitute an authorship role. Please complete the [AOS Thesis Contributions of Authors and Sponsors Form](#).  
([http://www.aosonline.org/thesis\\_author\\_contribution\\_form.doc](http://www.aosonline.org/thesis_author_contribution_form.doc))

D. Other Acknowledgments: Statisticians and medical writers or industry writers might fulfill the criteria for authorship of the thesis and should be recognized in that role. Otherwise recognize statistical consultation, medical writers or industry writers in the acknowledgment. Include the name and affiliation of the individual. The AOS does not accept theses that do not accurately reflect who wrote the content. Editorial assistants, photographers, artists, laboratory associates, and others who simply assist in preparation of the theses should not to be acknowledged, however valuable their service. Limit personal acknowledgment and include only professional colleagues involved in the thesis.

### FIGURES AND LEGENDS

Submit the legends for all figures on a separate page after the tables. Each legend should have a short title that permits the figure to be understood. The legend for each figure must contain information that allows the information in the figure to be understood independent of the manuscript. An illustration is a single photograph or image. A figure may consist of one or many illustrations. Figures are cited in consecutive numerical order in the text and are designated by Arabic numerals (Figure 1). If the figure has more than one part, there must be a figure title before the parts (upper, lower, upper left, etc) are described. The figures should not be embedded in the digital manuscript text. Digital figures must be submitted in a specific format that is required by the National Library of Medicine for inclusion in PubMedCentral. All figures should be high quality and:

At least 1500-2000 pixels wide.

At 72 dpi, that would be at least 20" wide.

At 300 dpi, that would be at least 5" wide.

They should be saved in a "lossless" picture format, uncompressed, meaning either TIFF or highest quality JPEG.

The author should consult with professionals to ensure the correct digital submission; almost all candidates submit incorrect figures causing a delay in acceptance of the thesis. The figure itself should have limited writing and no lettering but may have arrows or pointers as appropriate. The Committee on Theses along with the Editor is the final arbiter as to whether the figures are of acceptable quality for appearance in the *Transactions*.

Remove identifiable patient names from x-ray films; MRI and CT scans; corneal, retinal, and optic nerve topography scans; ultrasound scans; fluorescein angiograms; visual fields; and photographs. If a patient can be identified in a photograph, a signed statement from the patient (or guardian) giving permission to publish the photograph must be obtained.

Note in the legend if images have been digitally enhanced or altered in any way. Stains and magnifications should be included in parentheses at the end of legends as follows: (hematoxylin-eosin, x30).

If a figure has been published elsewhere, the original source (copyright holder) must approve and should be acknowledged in the legend.

## **TABLES**

Create tables using Microsoft Word's table tool, without columns or tabs. Do not use Excel to create the tables. Tables should contain enough information in the title and the footnotes so that the table can be understood independent of the manuscript text. The table title usually has the study and/or the disease mentioned. Avoid abbreviations in any titles. Tables are cited in consecutive numerical order in the text and are designated by Arabic numerals (Table 1, Table 2, etc). If a table must be continued on another page, repeat all column headings on the subsequent page. Abbreviations used in a table must be explained in a footnote.

## **III. SUBMISSION REQUIREMENTS**

### **COPYRIGHT**

The Society will be the owner of the thesis.

### **CLINICAL TRIALS REGISTRATION**

The *Transactions* requires that human clinical trials be registered before enrollment in order for the results to be published in the *Transactions*. See *Arch Ophthalmol* 2005;123:1263-1264 for complete statement. Phase III trials should be registered as well as many phase II trials. Most phase I trials do not need to be registered. The Methods section should contain a statement about where the registration information is available to the public. Satisfactory public databases include the National Institutes of Health maintained site at <http://www.clinicaltrials.gov> (for either NIH or non-NIH sponsored studies) or the International Standard Randomized Controlled Trials at <http://www.controlled-trials.com>.

### **AUTHORSHIP RESPONSIBILITY AND AGREEMENT**

The Authorship Responsibility with the AOS certifies that the candidate as the primary author submitting the thesis participated sufficiently in the conception and design of the work and the analysis of the data, and the writing of the manuscript. It verifies that the all coauthors reviewed the final manuscript and approved it for publication and that neither the manuscript, nor one similar in content by the candidate or any of the other authors, has been previously published or is being considered for publication elsewhere. [www.aosonline.org/copyright-form.pdf](http://www.aosonline.org/copyright-form.pdf)

### **FINANCIAL DISCLOSURE/CONFLICT OF INTEREST STATEMENT**

Disclose the nature of any proprietary or commercial interest in the Acknowledgment section. Examples of a potential conflict of interest include employment, stock, ownership or options, and honoraria from manufacturers. Please complete the form located at <http://www.aosonline.org/fin-disc-form.docx> and email it to the AOS Executive Vice President at the email address below.

### **ANIMAL STUDY STATEMENT**

Experimental investigations involving animals should contain a statement in the Methods section confirming that the study conforms to the generally accepted principles of animal maintenance and care or adheres to ARVO principles ([http://www.arvo.org/policies/statement\\_for\\_the\\_use\\_of\\_animals\\_in\\_ophthalmic\\_and\\_visual\\_research/](http://www.arvo.org/policies/statement_for_the_use_of_animals_in_ophthalmic_and_visual_research/)). The relevant institutional board approval must be identified including the approved IACUC number should be included in the thesis.

## **HUMAN STUDY STATEMENT**

In consideration of patients' rights and patient protection, a statement within the Methods section is required confirming institutional review board (IRB) approval of the data accumulation or the study protocol. Obtain informed consent from all the patients or subjects. The approved IRB numbers should be included in the thesis.

## **PERMISSION FOR IDENTIFIABLE PHOTOGRAPHS**

If a patient can be identified in a photograph, written permission to use the photograph must be obtained from the patient and submitted with the photograph.

## **TRANSMITTAL LETTER AND DOCUMENTS**

Submit a letter to the Executive Vice President with the thesis that includes the following: the candidate author's name, mailing address, phone number, fax number, and e-mail address (this same information should be on the title page of the thesis). In addition, the following things should be included:

### **Manuscript Checklist**

One electronic copy of the single -spaced manuscript and one copy of the figures.

### **Title page**

Title

All authors' names in proper byline order with academic degree, affiliation listed.

Thesis candidates' mailing address, phone number, fax number, and e-mail address

### **Abstract**

Structured with 250 words or less that is single-spaced on a separate page.

### **Text**

Including Introduction, Methods, Results, and Discussion sections (and perhaps Conclusion section)

### **Acknowledgment section**

Including information on funding, financial disclosure, and contributions of authors.

### **Reference list**

### **Legends**

### **Tables**

### **Illustrations**

Figures or illustrations are required in a very specific digital format

### **Permissions**

**Signed permission from publisher** for previously published figures

**Signed permission from patients** who can be identified in photographs

**Signed authorship responsibility, author agreement, and copyright transfer**

([www.aosonline.org/copyright-form.pdf](http://www.aosonline.org/copyright-form.pdf))

## **IV. REVIEW PROCESS AND NOTIFICATION**

The Committee on Theses, consisting of three AOS members, reviews each thesis submitted as a requirement for membership. Additional AOS members may also participate in the review. It reports its opinion of each thesis to the Executive Vice President under the following categories: acceptance, rejection, minor revision, major revision, or major revision requiring re-review. The manuscript might be rejected if the Committee finds it lacking in appropriate hypothesis testing or appropriate depth; if the candidate has additional time in the 3 1/2 year period, a new thesis could be submitted within the allotted time period, but an extension cannot be granted.

The Committee on Theses makes its final recommendations to the Executive Vice President and the Council for its action. Once a publication ready Thesis is accepted by the Committee, by the Executive Vice President, and by the Editor, the candidate is a provisional member of the AOS until final approval by the Members of the Society vote at the annual Executive Session held in the

meeting in May. Election to membership is by a favorable vote of three-quarters of the members present and voting. If a member receives a provisional membership by November 1, the provisional member is invited to the next May Meeting to participate in new member activities, including the invitation to present a paper.

## **V. RESUBMISSION**

When a candidate is asked to revise and resubmit a thesis, points needing further clarification will be enumerated to the candidate. These items should be addressed in the revision. The manuscript should be returned within 6 months. A cover letter must accompany the revised thesis indicating the author's response to each requested revision point. Because the composition of the Committee changes annually, the revised thesis will be reviewed by at least one different individual. Although the Executive Vice President will be responsible for being certain that the current Committee members are familiar with the comments and criticisms contained in the letter from the "original" Committee to the candidate, the current Committee will judge the revised thesis on all of its merits and deficiencies and will not limit the review to the responses of the author to the original critique. Following the initial submission, a thesis may be revised twice. If the second revision remains unacceptable, the decision of the Committee on Theses will be referred to the Council and the invitation to membership will be withdrawn.

## **VI. PUBLICATION IN THE TRANSACTIONS**

All accepted theses are published at AOSONLINE.org as soon as they are copyedited and formatted and may be cited by the authors. The Transactions of the AOS are published in December each year and will include all thesis accepted by July of that year. Those accepted later will be published the following year. All AOS theses are available at the AOS website as well as free open access at PubMedCentral during the same year as accepted. Authors must cooperate in the publication process or the thesis acceptance may be withdrawn. Figures must meet NLM requirements for publication in PubMedCentral or the thesis cannot be accepted or published.

## **VII. CONTACT INFORMATION**

Theses should be submitted on a CD or DVD or thumb drive by the deadline to the Executive Vice President:

Hans E. Grossniklaus MD  
BT 428 Emory Eye Center  
1365 Clifton Road  
Atlanta, Georgia 30322  
[ophtheg@emory.edu](mailto:ophtheg@emory.edu)  
404-778-4611

If sent by Fed Ex or other rapid delivery, do not request a signature for acceptance.