



Request for Continuing Education Credit California Local Optometric Societies

CONTACT INFORMATION

Sponsor Society: _____

Education Director: _____

Office or Society Address: _____

City/State/Zip: _____

Contact Telephone Number/Email: _____

PROGRAM INFORMATION

Event Title: _____

Event Date/Time: _____

Event Location: _____

| Course Title | Speaker | CE Hrs. | Category |
|--------------|---------|---------|----------|
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How Will You Monitor Attendance: _____

Total CE Hours Provided: _____

Category CE Hours (check one): Therapeutic Glaucoma Other

CE SUBMISSION REQUIREMENTS:

Please submit this form to the California Optometric Association **four (4) weeks prior** to the program date with the following requirements:

- All course title(s) and a detailed and comprehensive outline (2 hr course 2 ½ pages of content) for each course or the power point presentation is acceptable.
- Please include the length of each course. (No less than 30 minutes)
- Updated curriculum vitae for each speaker.
- A copy of the printed program, if available.

Note: Per State Board Code of Regulations § 1536(d)A credit hour is defined as one classroom hour, usually a 50-minute period, but no less than that.

Brenda Stewart
Education & Conference Coordinator
California Optometric Association
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