# 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:**

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Speaker</th>
<th>CE Hrs.</th>
<th>Category</th>
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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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