



Verification Form for Continuing Education

Upon completion of your continuing education program, this completed form must be submitted to the California Optometric Association, along with a list of attendees with their license numbers.

- Signed verification form**
- List of attendees with license numbers**

EVENT VERIFICATION

Sponsor Society: _____

Event Title: _____

Program Date: _____

Actual CE Hours Provided: _____

Number of Attendees: _____

SIGNATURE

I certify that the program listed above, which has previously been approved by the California Optometric Association for continuing education credit, was held and provided the noted hours of continuing education. Further, I certify that all attendees listed participated in the complete program.

Program Director (Please Print)

Telephone Number

Program Director (Signature)

Date

Submit all materials to:

Brenda Stewart

Education & Conference Coordinator

California Optometric Association

916.266.5035 • brendas@coavision.org