



STATE BOARD OF OPTOMETRY
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
 P (916) 575-7170 F (916) 575-7292 www.optometry.ca.gov



CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title _____	Course Presentation Date <div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
----------------------------------	---

Course Provider Contact Information

Provider Name <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> _____ (First) _____ (Last) _____ (Middle) </div>	
Provider Mailing Address Street _____ City _____ State ____ Zip _____	
Provider Email Address _____	
Will the proposed course be open to all California licensed optometrists?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> _____ (First) _____ (Last) _____ (Middle) </div>	
License Number _____	License Type _____
Phone Number (____) _____	Email Address _____

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Signature of Course Provider

Date