



CONTINUING EDUCATION EXEMPTION REQUEST

Pursuant to California Code of Regulations (CCR) § [1536](#), the Board may grant continuing education (CE) exemptions due to illness, or other good cause such as incapacity, or other unavoidable circumstances. Requests must be submitted at least 30 days prior to your license expiration date. The Board may deny a request for exemption but, at its discretion, may grant the licensee an extension of up to one year to obtain the necessary continuing optometric education. A licensee whose request for an exemption or extension is denied shall otherwise comply with the provisions of this section.

Please type or print clearly.

Licensee Information

Name (First, Middle, Last):

License Expiration Date:

□□/□□/□□□□

Address of Record:

Number, Street, Suite/Room

City

State

Zip

Email Address:

Reason for Request

- Illness or Incapacity** (Please have a physician or appropriate health care practitioner complete Part A below)
- Other Unavoidable Circumstance** (Please complete Part B on page 2)

Part A:

Illness or Incapacity - To be completed by a physician or appropriate health care practitioner

Approximate Date Illness Began:

□□/□□/□□□□

The Illness is:

Permanent

Temporary -

Approximate Date CE Can Resume:

□□/□□/□□□□

Health Care Practitioner's Name (Print)

License Number

Telephone Number

I declare under penalty of perjury under the laws of the State of California that all information submitted in this section is true and correct.

Health Care Practitioner's Signature

Date

All items in this application are mandatory; none is voluntary. The California State Board of Optometry (Board) requests this information to determine your eligibility for CE extension or exemption pursuant to California Code of Regulations, Title 16, § 1536. The Board's Executive Officer is the custodian of records. Access to records by the individual whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 2450 Del Paso Road, Suite 105, Sacramento, CA 95834. Information in this application may be transferred to other governmental and law enforcement agencies.

Part B:

Good cause or Unavoidable Circumstance – To be completed by licensee

Description of circumstances or events that interferes the licensee's ability to meet the continuing education requirements. Please explain fully and attach additional sheets if necessary:

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. By signing below, I also acknowledge that if my request is denied and an extension is not granted, I shall comply with the continuing education requirements pursuant to CCR § 1536.

Signature of Licensee

Date

**ADDITIONAL CONTINUING EDUCATION EXEMPTION
INFORMATION AND INSTRUCTIONS**

All licensees seeking a CE exemption shall submit a renewal application and applicable renewal fee.

The Board will notify you in writing of its decision to grant or deny your request for exemption. If the Board denies your exemption request but determines "good cause" exists to grant an extension to obtain the necessary continuing optometric education, you will be notified of the extension expiration date. Failure to provide proof of CE completion by the specified date will subject you to disciplinary action..