



**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](http://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.**

<b>Course Title</b>  _____	<b>Course Presentation Date</b>  <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>
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### Course Provider Contact Information

<b>Provider Name</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>_____ (First)</span> <span>_____ (Last)</span> <span>_____ (Middle)</span> </div>	
<b>Provider Mailing Address</b>  Street _____ City _____ State ____ Zip _____	
<b>Provider Email Address</b> _____	
<b>Will the proposed course be open to all California licensed optometrists?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>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?</b>	<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.

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

***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**



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## 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

<b>Name (First, Middle, Last):</b>			
<b>License Number:</b>		<b>License Expiration Date:</b>	
		□□/□□/□□□□	
<b>Address of Record:</b>			
_____		_____	
<small>Number, Street, Suite/Room</small>		<small>City</small>	<small>State</small>
		<small>Zip</small>	
<b>Telephone Number:</b>		<b>Email Address:</b>	

### 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

Description of illness that interferes the licensee's ability to meet the continuing education requirements (Attach additional sheets if necessary):	Approximate Date Illness Began: □□/□□/□□□□  The Illness is: <input type="checkbox"/> Permanent <input type="checkbox"/> 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..