

**STATE BOARD OF OPTOMETRY**

2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834

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CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § [section 1536](#), the Board will approve continuing education (CE) courses after receiving the applicable **\$50 USD** fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g). Course approvals shall be valid for two years from the date approved by the Board. A copy of section 1536 is attached for your reference.

In addition to the information requested below, please attach a copy of the course schedule, a ~~detailed~~ topical course outline and or presentation materials (e.g., PowerPoint presentation) and course learning objectives. Applications must be submitted 45 days prior before to the course presentation date. **Please type or print clearly.**

Course Title	Course Presentation Date(s) <div style="text-align: center;">□□/□□/□□□□</div>	<u>Course Hours</u>
<div style="display: flex;"> <div style="width: 15%;"><u>Course Category</u> (Select One)</div> <div style="width: 85%;"> <input type="checkbox"/> <u>Patient Care Management</u> <input type="checkbox"/> <u>Ocular and systemic signs or symptoms of related disease</u> <input type="checkbox"/> <u>Child Abuse Detection</u> <input type="checkbox"/> <u>Clinical Optometry</u> </div> </div>	<input type="checkbox"/> <u>Ethics in the Practice of Optometry</u> <input type="checkbox"/> <u>Elder Abuse Detection</u> <input type="checkbox"/> <u>Pharmacology/Schedule II Drug Prescribing and Abuse Prevention</u> <input type="checkbox"/> <u>Any categories in the diagnosis, treatment, and management of ocular disease as set forth in Section 3059(e) of the Business and Professions Code.</u>	

Applicant/ Course Provider Contact Information

Provider Company / Medical Group Name

Provider Name <u>Point of Contact</u>		
_____ (First)	_____ (Last)	_____ (Middle)
Provider <u>Mailing Address</u> <u>Contact Information</u>		
Street _____ City _____ State _____ Zip _____ Phone _____		
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, dates and places of the course, course completion certificates and attendance as the Board requires, for a period of at least three <u>four</u> years from the date of course presentation?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Based on the definition in section 1536(c)(1), will the course be self-study?</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>If self-study, will a test component as defined in section 1536(c)(1) be required to determine the licensee's understand and knowledge of the course?</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Based on the definition in section 1536(d)(2), is this a live and interactive course?</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Does the provider agree to not use the Board's letterhead, seal or logo on any course certificates, advertising or solicitation?</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>If live and interactive, which measures of participatory interaction apply to your course?</u>	<input type="checkbox"/> <u>Participant Attendance Reports</u> <input type="checkbox"/> <u>In-Content Quizzes</u> <input type="checkbox"/> <u>Participant Polls</u>	<input type="checkbox"/> <u>Participant Video Required</u> <input type="checkbox"/> <u>Record of Participant Log for In and Out Times</u>
<u>How many credit hours are desired for approval? Pursuant to section 1536(d), a credit hour is defined as one classroom hour, not less than 50 minutes.</u>		_____ hours

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 attachment sheet of paper.

Instructor Name		
_____ (First)	_____ (Last)	_____ (Middle)

License Number _____	License Type _____ <input type="checkbox"/> <u>Check this box if the instructor does not have a license</u>
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

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The information requested on this form is mandatory pursuant to Business and Professions Code section 3059 and Title 16 CCR Section 1536. The information provided will be used to determine compliance with BPC section 3059 and Board's requirements for approval of continuing education courses. The information you may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure by the Information Practices Act, including Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Executive Officer of the California State Board of Optometry at 2450 Del Paso Road, Suite 105, Sacramento, CA 95834, telephone number 916-575-7170.