



APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS FOR OPTOMETRIST

State Form 50714 (R3 / 1-23)

**INDIANA OPTOMETRY BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-8800
E-Mail: pla14@pla.IN.gov

DATE RECEIVED / POSTMARED (month, day, year)	
APPROVAL DATE (month, day, year)	
LICENSE NUMBER ISSUED	
CONTINUING EDUCATION HOURS GRANTED	

SPONSORING ORGANIZATION			
Name of sponsor		Type of organization	
Address (number and street, or post office box)			
City		State	ZIP code
Telephone number ()	Fax number ()	E-mail address	Website

PROGRAM COORDINATOR			
Name of program coordinator			Title
Mailing address (number and street, or post office box)			
City		State	ZIP code
Telephone number ()	Fax number ()	E-mail address	

PROGRAM TO BE OFFERED
NOTE: Completed application must be received by the Indiana Optometry Board within 30 days after the educational presentation date or the program will not be allowed for licensure / certificate renewal credit.
Title of program

Date(s)	Location (city and state)

NUMBER OF CONTINUING EDUCATION HOURS REQUESTED PER DATE	
Number of IOB hours	Number of OLDPAAC / THERAPEUTIC hours

TYPE OF PROGRAM		
<input type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Special training program
<input type="checkbox"/> Seminar	<input type="checkbox"/> Grand Rounds	<input type="checkbox"/> Other:

NAME OF INSTRUCTOR(S)

Please list the names of instructor(s). Attach curriculum vitas or resumes.

NAME OF LECTURER / INSTRUCTOR	NAME OF LECTURER / INSTRUCTOR

COURSE TOPIC / INTSTRUCTOR

List presentation instructor(s) for each lecture / topic given.

CONTENT OF PROGRAM

Provide the Board with a PDF of all Power Point presentations plus any additional documentation deemed helpful for program approval.

RECORD OF ATTENDANCE

Who will monitor attendance?

What is the manner in which attendance will be monitored?

Who will maintain adequate records of course participants and agree to provide participants with a record of attendance and to retain records of attendance by participants for four (4) years from the date of the program?

What is the method of certifying attendance?

- Does the "Record of Attendance" that will be awarded to the optometrist state the following
- a. Sponsor of the program? Yes No
 - b. Name of the program? Yes No
 - c. Date of the program? Yes No
 - d. Number and type of continuing education hours awarded and attendee's name? Yes No

NOTE: Each participant must be provided a record of attendance.

ADDITIONAL INFORMATION REQUESTED

1. Have you enclosed the following:

- a. **(1)** copy of your application for continuing education approval? Yes No
- b. **(1)** copy of the program Power Point PDF? Yes No
- c. **(1)** copy of the curriculum vitas or resumes of all lectures? Yes No

2. Have you applied for continuing education approval with another entity? Yes No

If you selected "yes," please specify here:

3. Have you read and reviewed 852 IAC 1-16 regarding the approval of continuing education programs for optometrists? Yes No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of program coordinator

Date signed (month, day, year)

