COE Reporting Form

OREGON BOARD OF OPTOMETRY

Name:_____ **License #**_____**Phone/email:**_____

Return this form with your license renewal application. ***NOTE: OE Tracker is NOT acceptable as COE documentation.***

☐ **Please apply any extra CE hours carried forward from my last reporting period to meet this year's requirements.**

			COPE Approved	OBO Approved	
Date	**Sponsor**	**Course Title & COPE ID #**	**Hours**	**Hours**	***Office Use Only***
***	***	Carryover CE Hours	***		
		Total hours reported this period			

REMINDER: 18 hours of continuing education must be reported each license year. No less than 9 hours must be TMOD.
No more than 5 hours may be approved surgical observation. Only pre-approved courses by OBO or designated COPE courses can be used for credit.

***COPE courses approved for OBO COE are in the following categories:**
Category A: CL, FV, GO and LV
Category B: Ocular Disease & C: Related Systemic Disease (TMOD): GL, IS, LP, PO, RS, SP, AS, PS, NO, OP, PH, PD, SD
Category D: NOT approved: PM, PB and any Ethics/Jurisprudence (EJ) courses that are NOT approved by OBO

Office use only:

Current COE period: _____

Carryover COE period: _____

Total approved hours: __T-_____O-_____

Total Carryover hours: __T-_____O-_____