



Oregon Board of Optometry

Clinical or surgical observation submittal checklist

(Please use file names that are recognizable by the Board)

Course name: _____

Learning objectives (provide 3-4 that describe the anticipated outcomes of the training)

File name: _____

Brief description of surgical or clinical procedures to be observed

File name: _____

Sample certificate of completion *(please be sure to add the OBO course # to the final certificate—it helps licensees know how to enter the course in their license renewal)*

File name: _____

Name of surgeon/clinician to be observed (feel free to include in the notes section of the request portal)