



## OREGON BOARD OF OPTOMETRY CE REVIEW SUBMITTAL FORM

Sponsor: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Course or surgical center location (City and State): \_\_\_\_\_

Additional dates for same presentation: \_\_\_\_\_

CE hours Requested: \_\_\_\_\_ Type: TMOD Other Law/Ethics Surgical Observation  
*(25 minutes for 30 minutes of CE and 50 minutes for 1 hour) (circle one)*

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional information required:

- Learning objectives (3-4 to describe the anticipated outcomes of the training)
- Powerpoint slides or an itemized listing of topics to be covered (be sure to include enough detail to justify the number of CE hours requested)
- CV's for the presenters or surgeons
- Sample certificate of completion that will be given to each participant

On behalf of the sponsor, I agree that the courses approved by the Oregon Board of Optometry meet the requirements of ORS 852 Chapter 70 on Continuing Optometric Education. I attest that the information provided is true and accurate and our agency will ensure that any licensees earning CE credit will have been in attendance the required amount time and will be given a certificate of completion.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

EMAIL INFO TO: [OPTOMETRY.BOARD@OREGON.GOV](mailto:OPTOMETRY.BOARD@OREGON.GOV)

FAX TO: 503-914-5142

FOR INFO CALL: 503-399-0662

### OBO Office use only:

Date received: \_\_\_\_\_

Date submitted to reviewer: \_\_\_\_\_

Status: Approved \_\_\_\_\_

Denied \_\_\_\_\_

Hours approved: \_\_\_\_\_

CE Type: \_\_\_\_\_

Reviewer initials & Date: \_\_\_\_\_