



## OREGON BOARD OF OPTOMETRY CE REVIEW SUBMITTAL FORM

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

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

Course 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 Cultural Comp. Surg. Obs.  
*(25 minutes for 30 minutes of CE and 50 minutes for 1 hour) (circle or highlight one above)*

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

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

Additional information required:

**Course**

- Learning objectives (3-4 to describe the anticipated outcomes of the training)
- Powerpoint slides or an itemized outline (1 page per hour)
- CV's for the presenters
- Sample certificate of completion

**Surgical observation**

- Brief description of the surgical procedure(s) to be observed
- Sample certificate of completion
- CV for each of surgeon(s)

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:**

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

Hours approved: \_\_\_\_\_      CE Type: \_\_\_\_\_

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