



COE Reporting Form

OREGON BOARD OF OPTOMETRY

Name: _____ License # _____

Return this form with your license renewal application--as of 4/1/16 original CE documents are not required at renewal .
 CE Documents will be collected if you are selected for audit. Please keep CE documents for 3 years.

Date	Sponsor	Course Title	COPE or OBO#	Hours	CE Type <small>*see codes below</small>	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 OBO approved 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
 - CE Type Codes are:** E = Ethics/Law, T = TMOD, O = Other, OBS = Observation

Office use only:

Current COE period: _____ Carryover period: _____

Total approved hours: T- _____ O- _____ Total Carryover hours: T- _____ O- _____