



THE COLLEGE OF OPTOMETRISTS OF B.C.

906 – 938 Howe Street, Vancouver, BC, V6Z 1N9

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In order to receive approval for a continuing education event, this form must be completed and received by the College office, no later than **30 days in advance of the event**. Forms submitted via email will **not** be accepted. Please send your completed form in by mail or registered mail to the address noted above.

Please note that requests received less than 30 days in advance will be respectfully denied.

Requests must be made individually for each event.

REQUEST FOR CONTINUING EDUCATION APPROVAL

(PLEASE PRINT)

EVENT SPONSOR: _____

EVENT NAME: _____

PRESENTER: _____

LOCATION: _____

DATE: _____

NUMBER OF HOURS: _____

IDENTITY CODE: _____

(Assigned by the College)

CONSENT FORM

I hereby confirm that upon receiving the identity code assigned by the College, I will ensure that a sample copy of the official certificate of attendance indicating the assigned identity code (*i.e. 20120101-H-02-01*) along with the number of College approved CE hours (*i.e. 2 hours of ocular health related continuing education approved by The College of Optometrists of BC*) and the signature of the person responsible for the event will be forwarded to the College office for approval. I understand that it is my responsibility to ensure that all attendees are provided with an official certificate of attendance (as approved by the College) in order for them to receive credit for the above event.

Following the event, I will ensure that upon approval of the above event, attendance will be verified by a sign-in/sign-out sheet on which the optometrists' names will appear in legible form, which will subsequently be forwarded to the College office.

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

DATE: _____