

THE COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA

CONTINUING EDUCATION RECORD FORM

This form has been provided for your convenience. Please use it to keep track of your CE credits. Upon request of the Registrar, you will be required to provide this form along with your original Continuing Education (CE) certificates.

Should you decide **not** to Self-Record your CE hours online, you are required to complete and sign this form and send it to the College office by registered mail.

LAST NAME			FIRST NAME			MIDDLE			REG NO.	PHONE NUMBER
YEAR OF CE										
						REGULAR CE HOURS		LONG DISTANCE CE HOURS		TOTAL CE
DATE	SPONSOR/PROVIDER	TITLE/SUBJECT AREA				OCULAR HEALTH	NON-OCULAR HEALTH	OCULAR HEALTH	NON-OCULAR HEALTH	
TOTAL # HOURS FOR <u>EACH</u> CATEGORY										
TOTAL # OF CARRY-OVER HRS FROM PREVIOUS YEAR:								+		
TOTAL # OF HRS COMBINED:								=		
TOTAL # OF CARRY-OVER HRS FOR NEXT YEAR:										

PLEASE REFER TO BYLAW 73 FOR INFORMATION ON CE REQUIREMENTS, BYLAW 104 FOR RETENTION OF DOCUMENTATION AND PART 1 – CONTINUING EDUCATION REQUIREMENTS OF THE COLLEGE POLICIES

PLEASE NOTE: YOU ARE SOLELY RESPONSIBLE FOR THE ACCURACY OF THIS FORM. KEEP A COPY OF THIS REPORT FOR YOUR RECORDS. YOU WILL BE SUBJECT TO RANDOM AUDIT.

SIGNATURE: _____

DATED: _____

MONTH / DAY / YEAR