

APPLICATION FOR OPTOMETRIC CONTINUING EDUCATION FUND 2018

Name:

College Registration #:

MSP #:

Date:

Continuing Education Program	Date	Location	Fees	Invoice and Certification of course completion enclosed
Program Title: Provider:				
Program Title: Provider:				
Program Title: Provider:				
Program Title: Provider:				
Total amount submitted (to a maximum of \$400):				

Educational programs which will qualify for reimbursement are Canadian-based optometric educational courses and events that are accepted by the Association.*

Please submit the Application with supporting documents no later than **October 31, 2018** to:

BC Doctors of Optometry
121 – 10551 Shellbridge Way, Richmond, BC V6X 2W8
 Or by email: info@optometrists.bc.ca

*A Canadian-based optometric education course is defined as an educational program offered by an organization that is located and funded within Canada.