STATE BOARD OF OPTOMETRY
P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: 1-833-367-2672
Fax: (717) 787-7769
Website: www.dos.pa.gov/opt
E-Mail: st-optometry@pa.gov

Courier Address:

PA Dept of State, Bureau of Professional and Occupational Affairs
Attn: State Board of Optometry
2 Technology Park
Harrisburg, PA 17110-2919

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

INSTRUCTIONS:

a. NO practice management courses will be considered (please see regulation referenced below for acceptable courses of study).

b. Submit one application for each continuing education program. Please print or type.

c. Applications cannot be considered unless all questions are answered.

d. Submit $45.00 application fee. Make check or money order payable to "Commonwealth of PA." **Application fees are not refundable.** If you do not receive the Board's approval of the continuing education program within one year from the date the application is received, you will be required to submit another application fee. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

e. Attach a Faculty/Presenter Information Form for each presenter.

f. Program Schedule: Attach detailed time schedule, hour by hour, of subject matter.

g. Certificate of Attendance: Attach a sample of the Certificate of Attendance that will be given to each attendee It must include the name of the sponsor, name of the licensee, title of the course, date of the course, number of credit hours, PA Board approval number, and signature of person authenticating attendance.

h. **Applications for approval of programs must be submitted to this Board 30 days in advance of presentation.**

i. The Continuing Education Committee will review your application for continuing education approval. **If the program is approved, please note the continuing education approval number and the number of approved credit hours when you receive your approval letter. The approval number and the number of approved credit hours must be listed on certificates of attendance given to attendees of your program.**

PLEASE NOTE: It is your responsibility to maintain a copy of this application and all documents submitted to, or received from the Board for your future reference.

Title 49. Professional and Vocational Standards
Part I. Department of State
Subpart A. Professional and Occupational Affairs
Chapter 23. State Board of Examiners of Optometry

§ 23.83. Continuing education subject matter.

(a) Acceptable courses of study are limited to those pertaining to the use of means or methods for examination, diagnosis and treatment of conditions of the human visual system and may include examination for and adapting and fitting of all types of lenses. The Board will not accept courses of study which do not relate to the actual practice of optometry such as studies in office management and financial procedures.

(b) Courses that will meet the requirements for certification in the prescription and administration of pharmaceutical agents for therapeutic purposes in accordance with § 4.1 of the act (63 P. S. § 244.4a) shall concern the treatment and management of ocular or oculo-systemic disease.

(c) Courses that will meet the requirements for certification to treat glaucoma in accordance with § 4.2 of the act (63 P. S. § 244.4b) shall concern the treatment and management of primary open angle glaucoma, exfoliation glaucoma and pigmentary glaucoma.

STATE BOARD OF EXAMINERS OF OPTOMETRY

Mailing Address:
P.O. Box 2649
Harrisburg, PA 17105-2649
Telephone: 1-833-367-2672
E-Mail: st-optometry@pa.gov

Courier Address *(if using a mailing service that requires a street address):*
2601 North Third Street
Harrisburg, PA 17110
Fax: (717) 787-7769

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

1. Provider name: _____

2. Telephone number: _____(_____)_____

3. Address: _____

4. Program Coordinator: _____

5. Program Coordinator's E-Mail Address: _____

6. Program title: _____

7. Date(s) program will be offered: _____

8. Program location(s): _____

9. Attach a Faculty/Presenter Information Form for each of the following presenters:

Name	Title	Major Field of Interest

10. Program Schedule: Attach detailed time schedule, hour by hour, of subject matter.

11. Total credit hours requested: _____

    Breakdown of requested hours: Core: _____ Therapeutics: _____ Glaucoma: _____

12. Describe the method to be used to monitor attendance and satisfactory completion of program: _____

    _____

13. Objectives and outline of program: _____

    _____

    _____

14. Describe admission requirements: _____

    _____

    _____

15. Identify core subjects of the program: _____

_____

_____

16. Methods of instruction (lecture, group dynamics, audiovisual aids, etc.): _____

_____

17. Methods of evaluation (indicate methods to be used and how you will use evaluation findings. Attach copy of evaluation form, if available): _____

_____

18. What means will be used to publicize or otherwise announce availability of program to assure open attendance?

_____

_____

_____

19. Certificate of Attendance: Attach a sample of the Certificate of Attendance that will be given to each attendee. It must include the name of the sponsor, name of the licensee, title of the course, date of the course, number of credit hours, PA Board approval number, and signature of person authenticating attendance.

Verification

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original formal as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911.

Signature of Program Coordinator: _____ Date: _____

State Board of Optometry
Faculty/Presenter Information Form

Instructions:

*To be submitted with application

*To be printed or types only.

*Provide complete background and expertise of presenter.

1. Name of Faculty/Presenter: _____

2. Address: _____

   _____

3. Telephone Number: _____

4. Education: _____

   _____

5. Specify professional qualifications: _____

   _____

   _____

   _____

   _____

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   _____

   _____