

## Application for Continuing Education Credits

### Sponsoring Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course/Program Title: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Agenda included:  *Please ensure that the speakers' names and credentials are included*

Amount of credit hours requested: Core: \_\_\_\_\_ Non-core: \_\_\_\_\_

(Please refer to attached guidelines for core and non-core credit)

Administration Fee if received eight weeks in advance of event: \$30.00  (Nonrefundable fee)

Administration Fee if received less than eight weeks in advance of event: \$50.00  (Nonrefundable fee)

### Contact Person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Submit application and cheque payable to the Canadian Orthoptic Council (non-refundable fee) to:

*Continuing Education Committee Chair*

*Dr. Ian Clark*

*c/o Catherine Day*

*2111-3605 Kariya Drive*

*Mississauga, ON L5B 3J4*

#### Office Use Only

Fee Received: \$30.00  \$50.00

Total number of credit hours awarded:

Core \_\_\_\_\_ Non-core \_\_\_\_\_

Signature of CE Chair: \_\_\_\_\_

Confirmation sent to sponsor organization:

Yes  No

