

**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: \_\_\_\_\_

<p>Submit application and cheque payable to the Canadian Orthoptic Council (non-refundable fee) to:</p> <p style="text-align: center;"><i>Continuing Education Committee Chair</i> <b>Dr. Yi Ning Strube</b> c/o Ann Haver 115 Sask. Cres. W. Saskatoon, SK S7M 0A2</p>	<p><u>Office Use Only</u></p> <p>Fee Received: \$30.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/></p> <p>Total number of credit hours awarded:</p> <p>Core _____ Non-core _____</p> <p>Signature of CE Chair: _____</p> <p>Confirmation sent to sponsor organization:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---	--

