

State of Minnesota
Board of Optometry
2829 University Avenue SE, Suite 403
Minneapolis, MN 55414
(651) 201-2762 Fax (651) 201-2763

**APPLICATION FOR CONTINUING EDUCATION- EXPERIENTIAL
APPROVAL**

Name and address of sponsoring organization:

How many total hours of credit are you requesting? _____

Date(s) of event: _____

Specific location and identification of the program learning objectives:

What type of CE are you requesting?

- **Volunteer Services**
- **Mini-Fellowship or Grand Rounds: Experiential CE:** Identify what learning objectives or what areas of clinical observation is expected for the event that will advance the professional skill and knowledge of the Optometrists.
Identify Specifically:
 - Oculo-medical rounds
 - Cornea (refractive surgery, keratoconus, transplant)
 - Cataract
 - Glaucoma
 - Oculoplastics
 - Vitreo-retinal
 - Strabismus
 - Other
- **Presentation of a lecture:**
- **Published articles/books:**

As program sponsor, do you agree the content and learning objectives will promote educational principals to improve quality in optometric healthcare and avoid commercial bias or promotion of a specific commercial interest? Yes ____ No ____

As program sponsor, do you agree to **validate** participants' attendance for Minnesota licensed optometrists by confirming and submitting attendance electronically to OE Tracker? Yes ____ No ____

Name of requestor _____ Date _____

Signature of requestor _____ Phone _____

Email address _____

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Continuing Education: Experiential Approval

APPLICATION PROCESS

- Download either the paper “[Application for Continuing Education Program Approval-Experiential Education](#)”- or enter the program approval data on the ‘[CE Sponsor \(PDF fillable form\)](#)’ from the Board’s website at www.optometryboard.state.mn.us under “Applications”. A separate application must be made for each course requesting CE approval. A separate Application is provided for Volunteer Services or “Mini-fellowships”/practical training events.

- File with the Board Office:
 1. Completed Application.
 2. Items requested for the specific continuing education request.
 3. \$45.00 application fee if not a Minnesota licensed O.D. asking for individual approval.

Volunteer Services: Licensees may earn a maximum of seven continuing education credits per two years per program for participation in organized volunteer programs helping underserved people. Please identify the program above.

Mini-Fellowship or Grand Rounds: Experiential CE: Identify what learning objectives or what areas of clinical observation is expected for the event that will advance the professional skill and knowledge of the Optometrists. Identify:

- | | |
|--|------------------|
| ○ Oculo-medical rounds | ○ Oculoplastics |
| ○ Cornea (refractive surgery, keratoconus, transplant) | ○ Vitreo-retinal |
| ○ Cataract | ○ Strabismus |
| ○ Glaucoma | ○ Other |

Presentation of a lecture:

Provide syllabus or lecture manuscript to receive clock hour approval. 2:1 clock hours for hour of presentation for initially prepared presentations and 1:1 for repeated sessions.

Published articles/books: Up to three clock hours for publication of articles in journals and up to nine clock hours for book publications.

APPROVAL PROCESS:

- Within 15 days of the receipt of the request, board members will review and approve/deny or recommend modification.
- An approval form including a Minnesota CE approval ID number, approved hours and instructions to submit the validated attendance to OE Tracker will be emailed to the sponsor within 48 hours following board approval.

ATTENDANCE VERIFICATION

- Sponsors may use the board form to validate attendance or submit the listed required fields on an excel spread sheet within five business days of the event directly to arbo@arbo.com.