335 Randolph Avenue Suite 210 St. Paul MN 55102

(651) 201-2762 Fax (651) 201-2763

Continuing Education: General Optometric Education

**APPLICATION PROCESS**

Enter the program data on the fillable form below 'CE General Optometric Education Application Form', print and submit with applicable payment to the board office.

Complete a separate application for ***each*** speaker requesting CE approval.

There is a separate application form provided for ***specialized*** practical training events.

File with the Board Office at least 21 days prior to the date of program including:

1. Completed Application for each speaker (if multiply speakers).
2. The items submitted must include:
   1. Name(s) of speaker/lecturer, panel participants or other program participants.
   2. A current Curriculum Vitae (CV) or resume of each speaker.
   3. Detailed outline of course(s) including learning objectives for each session and/or
   4. PowerPoint Presentation
   5. Copy of brochure or program
   6. Number of hours requested for each course.
3. A separate submission request and unique approval number is required for each event with different course date, course location, course speaker or course category such a Practice Management (PM) and General Optometry (GO).
4. Submit fee of $45.00 per speaker.

**APPROVAL PROCESS**

Within 21 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 mailed to the sponsor within 48 hours following board approval.

**ATTENDANCE VERIFICATION**

Sponsors may use the board form to validate the attendance or submit the listed required fields on an excel spreadsheet within five business days of the event directly to [arbo@arbo.org.](mailto:arbo@arbo.org)

Sponsors should remind attendees that the O.D. may download a paper copy of their attendance form OE Tracker within 14 days of the submitted attendance, regardless if they are a subscribing member or not.

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**APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL**

Name and address of sponsoring organization:

Speaker Name Course Title How many total hours of credit are you requesting? Date(s) of program: Location of program: Proposed COPE Course Category:

To comply with Continuing Education Rule 6500.1200, please answer the following questions:

If there is a fee for the program conducted **within** the State of Minnesota, is it open to all Minnesota licensed optometrists? Yes No

If different fees are charged for the program **within** the State of Minnesota, is the difference in the registration fee related to the sponsoring organization's expenses in operating this program?

Yes No

As program sponsor, we 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