

STATE OF MARYLAND
BOARD OF EXAMINERS IN OPTOMETRY - PHONE (410-764-4710)
REQUEST BY SPONSOR FOR APPROVAL OF CONTINUING EDUCATION
Under 10.28.02 - Section .05

ONE FORM SHALL BE PREPARED FOR EACH ACTIVITY OFFERED

Name of sponsor:

Address of sponsor: _____

Phone:

Title of activity: _____

Date(s) to be given:

Total number of hours (do not include breaks) per subject area:

General _____ Practice management _____ Diagnosis/Therapeutic _____

Brief description of content: (Enclose brochure or other advertising material).

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Describe the intended audience: _____

Names and credentials of presenters (include curriculum vitae or resume and evidence of expertise in areas of activity): _____

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Once approved, this activity may continue to be offered unless there is substantive change in content or faculty, in which case a new application is required.

Signature: _____ Title: _____

DO NOT WRITE BELOW THIS LINE

Approved: _____ Date: _____

Disapproved: _____ Date: _____

