

**Optometry
Form 1-SBO**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
State Board for Optometry
www.op.nysed.gov/optom.htm

Department Use Only

Approved Denied
Notification Date

Initials of Reviewer

Course ID Number

**Application for Approval of Continuing
Education Coursework for Optometrists**

A completed application must be received by the Board office at least 14 days in advance of offering the course.

A SEPARATE APPLICATION IS REQUIRED FOR EACH COURSE FOR WHICH APPROVAL IS SOUGHT.

PLEASE NOTE: Applicants who have had their course approved through any of our pre-approved sponsors, need NO additional approval and do **not** need to submit the application for Board approval.

The New York State Board for Optometry has pre-approved the following sponsors of continuing education:

- accredited colleges of optometry;
- the American Academy of Optometry;
- the American Optometric Association;
- state societies (but not chapters);
- COPE approved coursework; and
- CME approved by the American Medical Association.

Standard 1 - Organization or Individual - An applicant shall submit an application for advance approval of a course.

Name of Organization/Individual: _____

Mailing Address: _____

Contact Person: _____

Telephone: _____ Fax: _____ E-mail: _____

The Organization/Individual indicated above is (check one):

- a local association or society
- a pharmaceutical manufacturer
- a hospital
- a ophthalmologist or optometrist
- other, please explain: _____

Standard 2 - Course - Courses must be formal continuing education acceptable to the Department.

Exact title of course: _____

Location course will be held: _____

Date of Course: _____ / _____ / _____
mo. day yr.

Starting and ending times of course: _____

Length of course: _____

The subject area(s) covered in course are (check all that apply):

- ocular disease
- pharmacology

The learning method(s) to be used are (check all that apply):

- clinical
- didactic

Description of course content (or attach course outline):

Advertisement of course: (Please submit a copy of the brochure, flyer, etc. used for advertising the course)

Standard 3 - Instructor(s) - Instructors must be qualified to teach the course that will be offered.

1. Instructor Name: _____

Degree earned: _____ Date received: _____ / _____ / _____
mo. day yr.

Name and location of Institution where Degree was received: _____

Specialty training: _____ Date completed: _____ / _____ / _____
mo. day yr.

Name and location of Institution where specialty training was completed: _____

Current employment title: _____

Is instructor licensed? Yes No.

If yes, Jurisdiction where licensed: _____ License number: _____

Current registration period from: _____ to _____

Teaching experience: _____

Previous professional positions: _____

2. Instructor Name: _____

Degree earned: _____ Date received: _____ / _____ / _____
mo. day yr.

Name and location of Institution where Degree was received: _____

Specialty training: _____ Date completed: _____ / _____ / _____
mo. day yr.

Name and location of Institution where specialty training was completed: _____

Current employment title: _____

Is instructor licensed? Yes No.

If yes, Jurisdiction where licensed: _____ License number: _____

Current registration period from: _____ to _____

Teaching experience: _____

Previous professional positions: _____

Standard 4 - Attendance Verification - Each licensee shall maintain certificates of completion for continuing education coursework completed.

Attach a sample of the certificate of completion that will be provided to optometrists who complete the course.

When issued, the certificate must include:

- (a) attendee's printed name;
- (b) course title;
- (c) course ID number (from approval notice);
- (d) name of organization or individual giving course;
- (e) date and location of course; and
- (f) number of contact hours completed.

Standard 5 - Records Retention (You must initial this for the application to be considered complete) - Records must be maintained by the sponsor for at least six years.

Sponsors of continuing education coursework for New York State licensed optometrists must maintain records for the course for at least six years from the date of completion. These records must include:

- (a) name and curriculum vitae of the faculty;
- (b) record of attendance of licensed optometrists in the course;
- (c) outline of the course;
- (d) date and location of the course; and
- (e) number of hours for completion of the course.

For a full and accurate record of the course, your documents should also include:

- (a) copy of this application;
- (b) copy of the approval notice;
- (c) any materials submitted with this application; and
- (d) copy of all printed materials used in the course.

Initial that you understand this requirement: _____

Agreement

I/we agree to comply with the requirements of Section 66.6 of the Regulations of the Commissioner of Education as set forth in this application. I/we further agree to provide the State Education Department (SED) with information regarding this course and our organization* and agree to permit SED to conduct audits to verify compliance with the requirements.

**information regarding your organization may be requested if applying as an organization*

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

Title : _____

(if acting as organizational representative)

Mail the completed form to the State Board for Optometry, 89 Washington Avenue, 2nd Floor, West Wing, Albany, NY 12234-1000.
or
Fax the completed form to the State Board for Optometry at 518-473-0567.