KENTUCKY BOARD OF OPHTHALMIC DISPENSERS
P. O. Box 1360
Frankfort, KY 40602
Phone: (502) 564-3296, Ext. 227
Fax: (502) 564-4818
http://bod.ky.gov

APPLICATION FOR CONTINUING EDUCATION CREDIT

(Must be submitted thirty (30) days prior to program presentation)

Spectacle _____ Contact Lens _____ Both _____

1. **Name of Sponsoring Organization: _____**
2. **Name of Program Chairman: _____Work Phone: ( ) _____**
3. **Address of Program Chairman: _____**
   Street City State Zip
4. **Date of Program: _____ Time: _____**
5. **Program Location (hotel, school, etc.) _____**
6. **Program Location Address: _____**
   Street City State Zip
7. **Course Topic: _____**
8. **Course Title: _____**
9. **Method of Presentation (panel, lecture, other/elaborate): _____**
10. **Is there a co-sponsor to the program? Yes _____No _____ . If yes, please list name and address:**
    _____
11. **Fee to members/employees $_____. Fee to non-members/non-employees $_____.**
12. **Is the course open to non-members? Yes _____No _____. If yes, how are non-members notified?**
    _____
13. **Number of hours requesting for continuing education credit: _____**
14. **You must attach a complete proposed outline for the program you are requesting credit for.**
15. **You must attach the credentials for the speaker and course objectives.**
16. **Is this course sponsored by a specific product? Yes _____ No _____. If yes, please explain.**

<u>Please note: courses sponsored or produced by vendors for specific products will not be approved</u>

FOR BOARD USE ONLY

DATE REVIEWED: _____ NUMBER OF HOURS APPROVED: _____ DENIED: _____

REASON FOR DISAPPROVAL: _____

BOARD MEMBER INITIALS: _____