

FILED: FEBRUARY 11, 2026



### KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING

P.O. Box 1360, Frankfort, Kentucky 40602

500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 782.8810 | Fax: (502) 564.4818 | Website: [bod.ky.gov](http://bod.ky.gov) | Email: [BOD@KY.GOV](mailto:BOD@KY.GOV)

### APPLICATION FOR CONTINUING EDUCATION CREDIT

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

Spectacle

Contact Lens

Both

#### PROVIDER INFORMATION

Name of Sponsoring Organization:

Name of Program Director:

Work Phone:

Address of Program Director:

Date of Program:

Time:

Program Location (hotel, school, etc.):

Program Location address:

Course Topic:

Course Title:

Method of Presentation (panel, lecture, other/elaborate):

Is there a co-sponsor to the program? Yes  No  If yes, please list name and address:

Fee to members/employees: \$

Fee to non-members/non-employees: \$

Is the course open to non-members? Yes  No  If yes, how are non-members notified?

Number of hours requesting for continuing education credit:

You must attach a complete proposed outline for the program for which you are requesting continuing education credit.

You must attach the credentials for the speaker and course objectives.

Is this course sponsored by a specific product? Yes  No  If yes, please explain.

**Please note: Courses sponsored or produced by vendors for specific products will not be approved.**

#### FOR BOARD USE ONLY

DATE REVIEWED: \_\_\_\_\_ NUMBER OF HOURS APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

REASON FOR DISAPPROVAL: \_\_\_\_\_

BOARD MEMBER INITIALS: \_\_\_\_\_