

# Continuing Education Checklist

(PLEASE COMPLETE ENTIRE FORM)

Professional Opticians of Florida

1947 Greenwood Drive

Tallahassee, FL 32303

Provider #B0007

Date of Course \_\_\_\_\_ Chapter \_\_\_\_\_

Location of Event \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Category:

Elective

Technical: Contact Lens

AIDS/HIV

Laws & Rules

Technical: Dispensing

Reduction of Medical Errors

1. Course Title \_\_\_\_\_

Speaker \_\_\_\_\_

# of POF Members \_\_\_\_\_ # of Non-member (\$10.00 each) \_\_\_\_\_

2. Course Title \_\_\_\_\_

Speaker \_\_\_\_\_

# of POF Members \_\_\_\_\_ # of Non-member (\$10.00 each) \_\_\_\_\_

3. Course Title \_\_\_\_\_

Speaker \_\_\_\_\_

# of POF Members \_\_\_\_\_ # of Non-member (\$10.00 each) \_\_\_\_\_

4. Course Title \_\_\_\_\_

Speaker \_\_\_\_\_

# of POF Members \_\_\_\_\_ # of Non-member (\$10.00 each) \_\_\_\_\_

Total \$ sent to POF \_\_\_\_\_

Number of CE certificates used by attendees \_\_\_\_\_

Number of non-used CE certificates destroyed \_\_\_\_\_

**I certify that these individuals attended and participated in this course for the entire presentation.**

\_\_\_\_\_  
Chapter Education Chairman

**\*Important:** Rosters will be randomly audited and chapters billed **\$20.00** for every non-member not reported.