

Submit 30 days in advance for approved speakers & courses

Submit 60 days in advance if a new speaker or new course topic

Authorized Signature of Regional
Education Committee Chairperson

Professional Opticians of Florida

Application for Approval of Continuing Education

This form must be completed in its entirety for your course to be approved.

| | | | | |
|--------------------------------|----------------------------|----------------------------------------------------------|--------------|-----------------------|
| _____ | <input type="text"/> | _____ | | |
| <i>Today's Date</i> | <i>Chapter Name</i> | <i>Contact Person (*Florida Licensed Opticians only)</i> | | |
| _____ | | _____ | | _____ |
| <i>Contact Phone</i> | | <i>Contact Fax</i> | | <i>Contact E-mail</i> |
| _____ | | _____ | FL | _____ |
| <i>Contact Street Address</i> | | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| _____ | _____ | _____ | | |
| <i>Program Date</i> | <i>Total Program Hours</i> | <i>Facility Name</i> | | |
| _____ | | _____ | FL | _____ |
| <i>Facility Street Address</i> | | <i>City</i> | <i>State</i> | <i>Zip Code</i> |

Course Information

*Course Title (*Product brand names cannot be included in course titles.)*

| | | | |
|--------------------------------------------|--------------------------------------|---------------------------------|---------------------------------------------------------------------|
| _____ | <input type="checkbox"/> | Outline attached (*Required) | <input type="text"/> |
| <i>Course Instructor</i> | | | |
| <input type="text"/> | CE Slips by <input type="checkbox"/> | Mail _____ | <input type="checkbox"/> E-mail (*Enter recipient's address below.) |
| <i>Course Category (*Choose only one.)</i> | Qty. | | |

| | |
|----------------------|----------------------|
| _____ | _____ |
| <i>Course Length</i> | <i>Starting Time</i> |

Forward this form, along with a course outline and speaker resume, to your
Regional Education Committee Chairperson

Gloria Dodge
1300 S Tropical Trail
Merritt Island, FL 32952
321-431-8154 (cell)
321-735-8368 (fax)
GDodge1@cfl.rr.com

They will in turn approve and sign the form and return it to POF headquarters at:

POF • 1947 Greenwood Drive • Tallahassee, FL 32303 • Fax 850-201-2625

Provider #
50-1645