Professional Opticians of Florida

Application for Approval of Continuing Education

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

This form must be submitted to POF Headquarters 90 days in advance of your event

Today's Date	Chapter Name	
Chapter Contact Person	Chapter Contact Email	Chapter Contact Phone
Event Date	Total Event Hours	Event Location Name
	Event Address (Including city, state and	
	Course Informat (please fill out one form per cour	ion
	Course Informati	ion
	Course Information (please fill out one form per cour	ion
Course Instructor	Course Information (please fill out one form per cour	ion se)

- 2 3 hours of education \$30 registration rate, plus \$20 per hour taken for non-members
- 4 6 hours of education \$35 registration rate, plus \$20 per hour taken for non-members
- 7 8 hours of education \$40 registration rate, plus \$20 per hour taken for non-members

Additional Chapter Email Blast Info (include all event info, event title, sponsors):