MCE CREDIT SUBMISSION, REGISTRANT SUBMISSION

Registration #: Name:

Dispensing Optician			**Total: 21 credits**	**12 EG minimum**	**CL optional**	**RF optional**		**7 credits from 80s maximum**	
Contact Lens Fitter			**Total: 36 credits**	**12 EG minimum**	**15 CL minimum**	**RF optional**		**12 credits from 80s maximum**	
EG 50 – 70	**#**	**CL 50 – 70**	**#**	**EC 50 – 70**	**#**	**RF 50 – 70**	**#**	**EG, CL, RF 80**	**#**

Eyeglass (EG) credits: 50s-70s = _____ 80s =_____

Contact Lens (CL) credits: 50s-70s = _____ 80s =_____

Eyeglass/Contact Lens (EC): 50s-70s = _____ 80s =_____

Related Fields (RF) credits: 50s-70s = _____ 80s =_____

Total number of credits: ========== + ========== = ==========

CREDITS CARRY OVER TO THE NEXT CYCLE: _____