MCE CREDIT SUBMISSION, REGISTRANT COPY

Registration #: Name:

Dispensing Optician	**Total: 21 credits**	**Minimum 12 EG**	*CL optional*	**EC is EG or CL**	*RF optional*	**Minimum 14 credits from Prof. Providers***
Contact Lens Fitter	**Total: 36 credits**	**Minimum 12 EG**	**Minimum 15 CL**	**EC is EG or CL**	*RF optional*	**Minimum 24 credits from Prof. Providers***

Title of Course:	Course Code:	# of EG Credits	# of CL Credits	# of EC Credits	# of RF Credits	*Please check one:* Prof. Provider	Related Org'n

Eyeglass (EG) credits: "professional providers" = _____ "related organizations" = _____

Contact Lens (CL) credits: "professional providers" = _____ "related organizations" = _____

Eyeglass/Contact Lens (EC) "professional providers" = _____ "related organizations" = _____

Related Fields (RF) credits: "professional providers" = _____ "related organizations" = _____

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

CREDITS CARRY OVER TO THE NEXT CYCLE (maximum 4 credits): _____
(Dispensing Opticians = maximum 7 credits carry over, Contact Lens Fitter = maximum 12 credits carry over)

* **Professional providers** include the OAC (50s), Douglas College (65s), OBC (68s), COBC and study clubs (70s), and other institutions (75s). At least 2/3 of your credits must be provided by professional providers.