



Application for Approval of “Other” Credits

Registrant’s Name: _____

Registration # _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone () _____

Fax () _____

Activity	Details (include attachments)	# of Credits	Verification (signature and date)	Maximum # Credits
Attendance at AGMs : <i>College of Opticians/ and or Optical Association</i>	Organization:			2 EC per year
	Organization:			
Practical Examination Examiner for the College	Dispensing exam Contact lens exam:			1 EC per examination day
Course Instructor, Optical Program, Univ/Tech.	Details:			Apply
Con Ed Preparation / Presentation	Details:			1 per year
Board Member, College of Opticians	Date:			1EC per year
Committee Member, College of Opticians	Date:			1EC per year, maximum 2
A written and published article on opticianry	Details:			Apply for credits
Voluntary Optical Work, National and International	Details:			3EC per week
Supervision of 200 eyeglass dispensing hours of student registered in optical training program	Name of Student and Dates:			1 EG per student per year, maximum 2
Supervision of 100 contact lens dispensing hours of student registered in optical training program	Name of Student and Dates:			1 CL per student per year, maximum 2
Study Group	Details:			Apply
Vision Screening Work	Details			Apply
Other	Details			Apply