



Application for Continuing Education Study Club

Study Club Coordinator Name: _____

Registration Number: _____ Tel: _____ Fax: _____

E-mail: _____

Name of Study Club: _____

Sponsoring Organization (if applicable): _____

Study Club Optician Participants - Please submit names and registration numbers (minimum 2 members):

Study Club Session Dates: _____

Duration of Each Study Club Session: _____ hours Study Club Location: _____
City Province

STUDY CLUB COORDINATOR:

Please attach the following on a separate page for approval:

- Outline of Study:** Learning objectives, topics to be covered, and format of study club.
- Study Materials:** Detailed information and copies of the study material and handouts to be used.

STUDY CLUB MEMBERS:

To claim the CE credits from this study club, members must each submit the proof of completion of the study club.

The proof of completion of the study club is the **approved** copy of this *Application for Continuing Education Study Club* to the College **and** a written **summary/review** of each study club session.

For each written summary/review of study club sessions, please include the name, registration number and signature of each study club participant who was present.

FOR COLLEGE OF OPTICIANS OF BRITISH COLUMBIA USE ONLY:

Approved by: _____ Approval Date: _____

Expected CE credits at completion: _____ Comments: _____

Expected end date of the study club: _____