



## Continuing Education Accreditation Form – For Registrants

### Contact Information:

Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Total List of Courses to be Accredited

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

### How to Complete this Form

Complete pages 1-2. For *each course to be accredited*, please provide the following information:

- Proof of completion of the activity/course
- Questions 1 – 8 (see page 2)
- Course materials/content (eg. course outline, power point slides, handouts)
- Test (only *required* for distance learning courses)
- Presenter biography, curriculum vitae, or credentials and education

The College requires course content information in order to determine what topic was covered and what value the learning opportunity provided a registrant. All submissions must include at least an outline of material covered.

If you have any questions about how to complete this form, please get in touch with the College using the contact details below. The College can provide consultation and advice on accreditation of activities. If you are not certain that your activity will be accredited, please contact the College to clarify your options and what information would be required.

Examples of activities to be accredited:

- Webinars/online modules (Must have a test)
- International conferences (eg. Vision Expo)
- Optical-focused volunteering (at least 10 hours)
- Presentations by optical industry members



## Continuing Education Accreditation – Course Information

You can submit this form by mail, fax or email. If your course information is available or must be viewed online, please consider sending this form electronically and providing direct links to content.

Date: \_\_\_\_\_

1. Exact course title of presentation/activity

\_\_\_\_\_

2. Type of activity

Live presentation  Distance learning/online  Educational course  Other

\_\_\_\_\_

3. Date(s) of activity

\_\_\_\_\_

4. Location of activity

Online  Other

\_\_\_\_\_

(address, city, province, country)

5. Length of activity (minutes, hours)

\_\_\_\_\_

6. a. Name and Title of Presenter/Teacher

b. Sponsor/Company/Provider of Activity

\_\_\_\_\_

\_\_\_\_\_

7. Learning Topic/Objectives/Outcomes (Summary of activity)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Level of knowledge required (basic, intermediate, advanced) and any prerequisites required

\_\_\_\_\_

*If you do not have a certificate or other proof of completion, please have the activity provider sign*

### Verification of Attendance

I, \_\_\_\_\_, hereby verify that \_\_\_\_\_  
has attended the activity described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_



COLLEGE *of* OPTICIANS  
OF BRITISH COLUMBIA  
a B.C. Health Regulator