



**STATE BOARD OF OPTOMETRY**

P.O. Box 2649  
Harrisburg, PA 17105-2649

**Telephone:** (717) 783-7155  
**Fax:** (717) 787-7769  
**Website:** www.dos.pa.gov/opt  
**E-Mail:** st-optometry@pa.gov

**Courier Address:**  
PA Dept of State, Bureau of  
Professional and Occupational  
Affairs  
Attn: State Board of Optometry  
2 Technology Park  
Harrisburg, PA 17110-2919

## OPTOMETRIST REQUEST FOR CONTINUING EDUCATION APPROVAL

### INSTRUCTIONS:

- a. NO practice management courses will be considered (please see regulation referenced below for acceptable courses of study).
- b. Submit one application for each continuing education activity. Please print or type.
- c. Applications cannot be considered unless all questions are answered.
- d. Submit \$45.00 application fee. Make check or money order payable to "Commonwealth of PA." **Application fees are not refundable.** If you do not receive the Board's approval of the continuing education activity within one year from the date the application is received, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
- e. *Application deadline:* Please submit completed application to the Board at least 60 days in advance for prior approval. Applicants may seek retroactive approval on an individual basis for attendance at programs; however, licensees will only receive CE credit if the Board finds the course to be in compliance with Board regulations.
- f. A maximum total of 7.5 credit hours per biennial period are permitted for service as a teacher, preceptor, lecturer, or speaker.
- g. A maximum total of 7.5 credit hours per biennial period are permitted for publications, articles, books, and research relating to the practice of optometry.

**Title 49. Professional and Vocational Standards**  
**Part I. Department of State**  
**Subpart A. Professional and Occupational Affairs**  
**Chapter 23. State Board of Examiners of Optometry**

**§ 23.83. Continuing education subject matter.**

(a) Acceptable courses of study are limited to those pertaining to the use of means or methods for examination, diagnosis and treatment of conditions of the human visual system and may include examination for and adapting and fitting of all types of lenses. The Board will not accept courses of study which do not relate to the actual practice of optometry such as studies in office management and financial procedures.

(b) Courses that will meet the requirements for certification in the prescription and administration of pharmaceutical agents for therapeutic purposes in accordance with § 4.1 of the act (63 P. S. § 244.4a) shall concern the treatment and management of ocular or oculo-systemic disease.

(c) Courses that will meet the requirements for certification to treat glaucoma in accordance with § 4.2 of the act (63 P. S. § 244.4b) shall concern the treatment and management of primary open angle glaucoma, exfoliation glaucoma and pigmentary glaucoma.

## STATE BOARD OF OPTOMETRY

### Mailing Address:

P.O. Box 2649  
Harrisburg, PA 17105-2649  
Telephone: (717) 783-7155  
E-Mail: st-optometry@pa.gov

### Courier Address (if using a mailing

**service that requires a street address):**  
2601 North Third Street  
Harrisburg, PA 17110  
Fax: (717) 787-7769

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## OPTOMETRIST REQUEST FOR CONTINUING EDUCATION APPROVAL

Requesting approval for (check one). Please indicate number of continuing education hours requested.

- Program  
Credit hours requested: \_\_\_\_\_
- Teacher, preceptor, lecturer or speaker  
Credit hours requested: \_\_\_\_\_ (*maximum of 7.5 credit hours*)
- Publications, articles, books, or research relating to the practice of optometry  
Credit hours requested: \_\_\_\_\_ (*maximum of 7.5 credit hours*)

1. Licensee's Name: \_\_\_\_\_

2. License number: \_\_\_\_\_ 3. Telephone number: (\_\_\_\_) \_\_\_\_\_

4. Address: \_\_\_\_\_

5. E-Mail address: \_\_\_\_\_

6. Title of program, publication, article, book or research: \_\_\_\_\_  
\_\_\_\_\_

7. Location of program: \_\_\_\_\_

8. Date of program/date of publication: \_\_\_\_\_

9. Program Application – attach the following:
- Detailed time schedule of program
  - Outline of faculty
  - Outline of subject
  - Certificate of attendance

Program sponsor: \_\_\_\_\_

Program sponsor address: \_\_\_\_\_

10. Teacher, preceptor, lecturer or speaker – attach the following:

- Detailed time schedule of program
- Outline of subject
- Letter from the sponsor verifying date of service as a teacher, preceptor, lecturer or speaker.

11. Publications, articles, books, or research – attach one of the following:

- Copy of publication with publication date
- Copy of article with publication date
- Copy of title page of the book, the table of contents, and the date of publication
- Copy of research abstract, paper or other documentation verifying research.

**The Board's Continuing Education Committee will review your application. If the request is approved, you will receive an approval letter from the Board. Retain this approval letter as your certificate.**

**Verification**

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911.

Signature of licensee: \_\_\_\_\_ Date: \_\_\_\_\_