



# Maryland Board of Examiners in Optometry

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## APPLICATION FOR APPROVAL OF CLINICAL OBSERVATION FOR CONTINUING EDUCATION

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Date of the Activity \_\_\_\_\_

Name of the participating optometrist \_\_\_\_\_

OE tracker number of the participating optometrist \_\_\_\_\_

Please provide a brief history of the above facility's educational activities, (e.g., sponsorship of seminars, training of residents, supervision of externs). Attach additional paperwork if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the name of the Doctor that was observed and a brief description of the activity observed by the optometrist.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Number of TPA Hours \_\_\_\_\_  
(Maximum of 6 hours allowed for every renewal cycle)

Date \_\_\_\_\_ Reviewer's Signature \_\_\_\_\_