



# Maryland Board of Examiners in Optometry

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## REQUEST BY SPONSOR FOR APPROVAL OF CONTINUING EDUCATION

Under 10.28.02 Section .05

ONE FORM HAS TO BE PREPARED FOR EACH ACTIVITY OFFERED

Name of Sponsor \_\_\_\_\_

Address of Sponsor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Title of activity \_\_\_\_\_

Date(s) to be given \_\_\_\_\_

Total number of hours requested (do not include breaks) per subject area: \_\_\_\_\_

Type (According to COPE Guidelines)  
General \_\_\_\_\_ Therapeutic \_\_\_\_\_

Brief description of content: (Enclose brochure or other advertising material).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the intended audience: \_\_\_\_\_

Names and credentials of presenters (include curriculum vitae, resume, or bio-sketch and evidence of expertise in area of activity):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once approved, this activity may continue to be offered through **June, 202**\_\_ unless there is substantive change in content or faculty, in which case a new application is required.

Signature \_\_\_\_\_ Title: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

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

Title of Activity: \_\_\_\_\_

General hours: \_\_\_\_\_ COPE Category \_\_\_\_\_

Therapeutic hours: \_\_\_\_\_ COPE Category \_\_\_\_\_

\*\*\*\*\*BOARD STAFF USE\*\*\*\*\*

Board Approval Code: \_\_\_\_\_