

**Board of Optometry  
Continuing Education Program**

P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

## **SPONSOR INSTRUCTIONS**

*Authority: P.A. 368 of 1978, as amended  
This form is for information only.*

### **GENERAL INFORMATION:**

1. Continuing education programs approved by COPE or continuing education programs sponsored by a board-approved optometry school are accepted by the board and need not apply.
2. In order to receive proper approval, it is recommended that the application be submitted at least 60 days before the course presentation. **NOTE:** Programs held more than twelve months ago will not be reviewed by the Board. Between January 2006 and June 2006, the Board will only review programs held within the last six months. Beginning July 1, 2006 all programs must be submitted before the program is given. Approval of the program may be after the presentation date due to the Board meeting schedule.
3. All certificates or letters of attendance must show the following information for use in Michigan for continuing education credit:
  1. The name of the sponsor
  2. The name of the program
  3. The name of the attendee
  4. The date of the program
  5. The Michigan approval number
  6. The signature of the person responsible for attendance monitoring and their title
  7. The number and type (i.e. general, pharmaceutical, pain or practice management) of hours attended

**\* NOTE: If this information is not included, it will delay the administrative processing of the audit for the licensee.**

4. Outlines must be specific. Please include the topics and name of the speaker of each topic. The times of the specific topics and breaks must be indicated on the outline.
5. Program Date(s). All program date(s) must be supplied. Programs submitted without specific dates of the program will be returned to the sponsor. Programs will no longer be given open-ended approvals.
6. Attendance Monitoring - please indicate how attendance is monitored by including sample documents and the name of the person monitoring the attendance. The Board wants assurance that attendees are checked out when leaving and checked back in when returning. These times should be verified by the person monitoring attendance. This procedure should include times in which the attendees leave one topic and go to another topic, within the same program.
7. Questions about the application process should be directed to the Bureau of Health Care Services Continuing Education Program, P.O. Box 30670, Lansing, 48909 or call (517) 335-0918.

## **CLASSIFYING YOUR CE PROGRAM:**

Although the entire continuing education program for which you are requesting approval may be considered **general clinical education for optometrists**, you have the option of further classifying some of the hours to more accurately describe the program content (the number of hours entered in response to the questions on categories of CE could total anywhere from zero to the total number of hours of the program).

Following are definitions of each type of CE classification and how the classifications relate to the renewal requirements:

**Pharmaceutical Management** means education on specific pharmacological management of ocular conditions. All optometrists must have a total of 40 hours of CE in the two years preceding the application for renewal and *therapeutically and diagnostically certified optometrists must have a minimum of 20 hours of CE* in pharmaceutical management. Therefore, this category is most important to potential optometrist attendees.

**Practice Management** means education on non-clinical topics such as marketing, billing, staff training and other business aspects of managing a practice. *Optometrist may only use a maximum of nine hours of CE in this category* in the two years preceding the application for renewal. Therefore, this category is less desirable to attendees.

**Pain Management** means education on topics related to pain and symptoms of ocular conditions. Examples include pharmacology and drug interactions of analgesics, psychology of pain, and clinical applications of behavior and stress management. *All optometrists must have a minimum of one hour of CE in this category* in the two years preceding the application for renewal.

**APPLICATION FOR APPROVAL OF AN OPTOMETRY  
CONTINUING EDUCATION PROGRAM**

Authority: Public Act 299 of 1980, as amended.  
If this form is not completed, approval will not be granted.

**SECTION I - PROGRAM INFORMATION - Type or Print Only**

SPONSOR NAME AND COMPLETE MAILING ADDRESS	CONTINUING EDUCATION PROGRAM TITLE
NAME OF CONTACT PERSON PHONE NUMBER (        ) E-MAIL ADDRESS	PREVIOUS APPROVED NUMBER FOR THIS PROGRAM , IF ANY
TOTAL NUMBER OF HOURS OF COURSE INSTRUCTION (EXCLUDE BREAKS, MEALS, ETC.)	PROGRAM DATE(S) AND LOCATION(S)
HOW MANY HOURS OF THE PROGRAM ARE RELATED TO GENERAL CLINICAL OPTOMETRY?	
HOW MANY HOURS OF THE PROGRAM ARE RELATED TO PRACTICE MANAGEMENT?	
HOW MANY HOURS OF THE PROGRAM ARE RELATED TO PHARMACEUTICAL MANAGEMENT?	
HOW MANY HOURS OF THE PROGRAM ARE RELATED TO PAIN MANAGEMENT?	CAN A BOARD MEMBER OR MEMBER OF THE CONTINUING EDUCATION UNIT ATTEND THE PROGRAM?  <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION II - APPLICATION CHECKLIST**

APPLICANT Please Check	<b>ELEMENTS TO BE INCLUDED WITH APPLICATION</b>
	NOTE: Two complete copies of all application materials (including the application) must be submitted.
1)	This continuing education course is a planned learning program designed to promote the continual development of knowledge, skills and attitudes on the part of the licensee.
	OUTLINE (rationale, objective, goal, schedule, content) - Include an explanation of how the program is designed to further educate the licensee.
	RESUME for each speaker/instructor (limited to two pages per speaker) A copy of the instructional objectives which have been developed for this program.
	DESCRIPTION for the delivery method or methods to be used and the techniques that will be employed to assure active participation.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

2) This continuing education course has responsible sponsorship and capable direction including administrative support which assures maintenance and availability of adequate records of participation as well as adequate budget and instructional resources.	
	A brief description of the sponsoring organization.
	The name, title, and address of the program director and a description of his/her qualifications to direct this program.
	A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued.
	A description of the physical facilities available to assure a proper learning environment.
	A description of how attendance is monitored, sample documents, and the name of the person monitoring attendance. See the front of this application for specific instructions.

### CERTIFICATION

I hereby certify that the statements made in this application are true, complete and correct, and that the materials submitted accurately reflect the presentation and administration of this continuing education program.

If this is not signed and dated, your application will not be complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TYPE OR PRINT NAME

\_\_\_\_\_  
DATE