



**APPLICATION FOR COURSE APPROVAL FOR CONTINUING EDUCATION REQUIREMENTS**

**Continuing Education Biennial Sponsor Fee...\$25.00**

This fee is charged on a biennial basis to sponsors applying for continuing education credit, regardless of the number of programs sponsored during the biennial period September 1 to August 31.

**Requests for Continuing Education Approval must be submitted on this form 30 days prior to date of presentation.**

1. \$25.00 Fee attached

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please provide date the fee was paid and the name of the sponsor.

2. Name of Course:

3. Number of credit hours applying for:

4. Date course is being offered:

5. Beginning time:

Ending time:

6. Location:

7. Name of Sponsoring Organization (ex: Smith Eye Center)

8. Name of certifying officer:

Method of certifying attendance:

9. Contact person for this course:

10. Mailing address **AND** telephone number for approval confirmation:

**The following items must be included with your Continuing Education Approval Application form:**

- 1 copy of the curriculum vitae for each speaker(s)/instructor(s).
- 1 copy of syllabus or outline of material to be covered in course.
- Hourly breakdown of course if over 2 hours
- \$25.00 biennial fee (if applicable)

PLEASE RETURN THIS COMPLETED FORM ALONG WITH REQUESTED INFORMATION AND FEE (IF APPLICABLE) TO:

Missouri State Board of Optometry  
P.O. Box 1335  
3605 Missouri Boulevard  
Jefferson City, MO 65102-1335

**FOR BOARD USE ONLY**

Course approved for \_\_\_\_\_ hours.

Course NOT approved \_\_\_\_\_

Comments:

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

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

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