

Continuing Education Activity Accreditation Request Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest. Please complete all sections below.

A. Provider Information			
Name of organization:			
Name:		Position:	
Street number:	Street name:	Unit/suite number:	
P.O. Box:	City:	Province:	Postal code:
Phone:		Fax:	Email:

B. CE Activity Submission Information – <i>Supporting Documentation Required</i>	
Exact title of CE activity submitted:	
In accordance with the Accreditation Policy, an accredited activity must be available to <u>all</u> Ontario opticians. Please explain how this activity will be available to all Ontario opticians:	
Type of CE activity (please check all that apply):	Level of knowledge and skill required by participants:
<input type="checkbox"/> Contact Lens (CL) <input type="checkbox"/> Live Presentation <input type="checkbox"/> Eyeglass (EG) <input type="checkbox"/> Distance Learning/Online <input type="checkbox"/> Refracting (RF) <input type="checkbox"/> Professional Growth	<input type="checkbox"/> Advanced <input type="checkbox"/> Entry-level <input type="checkbox"/> Intermediate <input type="checkbox"/> Refracting Optician

Date(s) of CE activity:	Is this a previously accredited CE activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of CE activity (word count of time):	If yes, please specify the CE activity ID# assigned by the COO:
<p>Speaker(s)*:</p> <p>1. Full Name _____ Title/Position _____</p> <p>2. Full Name _____ Title/Position _____</p> <p>*Please enclose a short biography or CV specifying the professional designation and or title, education, and affiliation of each speaker. Please attach additional sheets of paper to this form.</p>	

C. Location(s) of CE Activity – <i>if applicable</i>			
Name of venue:			
Street number:	Street name:	Unit/suite number:	
P.O. Box:	City:	Province:	Postal code:
Phone:	Fax:	Email:	

D. Learning Outcomes of Activity
Please describe, in detail, the specific learning outcomes of the submitted activity (skills, activities or items of information) which attendees will be expected to incorporate into their professional duties:

E. National Competencies

Please list the National Competencies covered within this activity:

F. Data Sources

Please provide a list of all reference materials relied on in developing this activity:

NOTE: It is expected that all presentations will cite at least one reference source (e.g. journal articles, textbooks, websites, etc.). Citations should be provided for all ideas, statistics, and other data, including formulas and diagrams, that were not created by the presenter. Presenters should also indicate if any of the material is based on their own professional experience.

G. Signature	
<hr/>	
Signature	Date

H. Review Fee and Timeline
Please indicate the requested review fee and timeline:
<input type="checkbox"/> \$84.75 Standard Accreditation Review (submitted more than 45 days prior to the scheduled event)
<input type="checkbox"/> \$226.00 Fast Track Accreditation Review (submitted between 45 to 10 days prior to the scheduled event)
<input type="checkbox"/> \$565.00 Rush Accreditation Review (submitted less than 10 days prior to the scheduled event)
* All fees include applicable taxes (HST)

I. Credit Card Authorization	
Last name:	First name:
Type of credit card:	Total amount to be charged:
Card number:	
Expiry date:	Signature for authorization of payment:

Submit this form by email to qa@collegeofopticians.ca or by fax to 416-368-2713. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.