

OHIO STATE BOARD OF OPTOMETRY
Continuing Education Requirement

Name	License No.	Pharmacology No.
Daytime Telephone No.	Total Hours	Total Pharm. Hours

**SUBMISSION OF THE ATTACHED CONTINUING EDUCATION CERTIFICATES
SERVES AS NOTICE THAT I HAVE SUCCESSFULLY COMPLETED ALL OF MY
REQUIRED CONTINUING EDUCATION REQUIREMENTS.**

Please visit the Board website at www.optometry.ohio.gov for complete continuing education requirements. Certificates of attendance must be held until the required number of hours have been accumulated. Proof of attendance certificates, or copies, must be submitted with this card and received at the Board office no later than the 20th of October. Failure to complete the continuing education requirement by September 30th and/or submit verification to the Board office prior to the 20th of October requires a late penalty fee of \$75.00.

Please mail to this address:

Ohio State Board of Optometry
77 S. High St., 16th Floor
Columbus, OH 43215-6108

OPT 1006
Form CE-1
(Rev. 3/08)