

**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](http://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 20<sup>th</sup> of October. Failure to complete the continuing education requirement by September 30<sup>th</sup> and/or submit verification to the Board office prior to the 20<sup>th</sup> of October requires a late penalty fee.

Please mail to this address:

**Ohio State Board of Optometry  
77 S. High St., 16<sup>th</sup> Floor  
Columbus, OH 43215-6108**

**OPT 1006  
Form CE-1**