

OHIO STATE BOARD OF OPTOMETRY
77 S. High St., 16th Floor
Columbus, OH 43215-6108

APPLICATION FOR WAIVER OF CONTINUING EDUCATION REQUIREMENTS

Section 4725.16 O.R.C. reads in part “---The Board may waive or defer for up to twelve months the requirement of continuing optometric education in cases of certified illness or undue hardship.---”

1. Name _____ 2. Age _____

3. Address _____

4. Date of Application _____

5. Years in Practice ____ 6. Hours spent in office practice each week _____

7. Reason for request for waiver. _____

8. If reason for waiver is health related, please give a brief statement on condition of health.

9. If reason for non-compliance is other than health, please give brief statement of the problem. _____

Signature

You must submit with this form a letter from a physician, lawyer, minister, or other licensed professional person substantiating your statement. In addition, this person must sign the certificate below.

I certify, to the best of my knowledge, that it is not possible for _____
_____ to attend any educational meetings.

Signature of Physician, Lawyer, Minister,
or other licensed professional person

Date _____