ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342 | Voice and Fax Line: (870) 572-2847

REQUEST FOR ABO APPROVED CONTINUING EDUCATION COURSE APPROVAL and CERTIFICATES

Applications must be received at least 90 days prior to the program date. Incomplete information will result in a delay or denial of approval.

Sponsoring Organization:	:		
Sponsor Contact:		Email Address:	
Address: (STREET and APT # or P.O. BC	X):		
City/State/Zip:		Daytime Phone:	
Program Location: <u>STREET ADDR</u>	RESS NO P.O. BOX		
City/State/Zip:			
Program Date:		Program Time:	
Return all completed forms	s to:		
ARKANSAS BOARD OF DIS Phone/Fax: (870) 572-2847	PENSING OPTICIAN	IS BOX 627 Helena, Arkansas 72343	
ABO APPROVED COU		ION	
1. Course Title:			
Speaker Name:		ABO Course #:	
Length of Instruction:	Hours	Number of Certificates Requested:	
Speaker Name:		ABO Course #:	
Length of Instruction:	Hours	Number of Certificates Requested:	
3 Course Title			
		ABO Course #:	
Length of Instruction:	Hours	Number of Certificates Requested:	

4.Course Title:			
Speaker Name:		ABO Course #:	
Length of Instruction:	Hours	Number of Certificates Requested:	

PROGRAM SPONSOR REQUIREMENTS

After the course has been approved, a sign in sheet for the course will be mailed to the Sponsor Contact address. This sign-in sheet, properly completed, must be postmarked and mailed to the Board Office within 10 days of the meeting date.

Course participants must complete a sponsor created evaluation of the program and speaker at the conclusion of the course program.

The Program Sponsor must keep on file a legible printed registration list or course roster and the completed program and speaker evaluations from each participant for one year.

Failure to comply with any and all requirements for course approval and sponsorship may result in loss of status as provider of Board approved education hours and denial of course hours to the participant.

The Arkansas Board of Dispensing Opticians reserves the right to audit, either in person and/or by taping (either audio or video) without charge or prior notice, any program that has been awarded continuing education credit. The sponsoring organization agrees to comply with all Arkansas Board of Dispensing Optician regulations and procedures.

I, the undersigned, understand that failure to comply with the requirements of this application may result in denial of, or loss of, continuing education credit approval.

Signature of Meeting Sponsor

Date

THIS FORM MAY BE DUPLICATED