

OPTOMETRY

CONTINUING EDUCATION RECORD FORM

Please use this form to record your CE credits.

Last name			First name Middle name		Registration No.	Phone number			
Year of CE:									
			Title/subject area		CE hours from previous year	CE hours		T	
Date S		onsor/provider				Ocular health	Other	Total CE	
			 Total	hours for <u>each</u> category					
All registrants must retain CE certificates obtained prior to November 1, 2017, for seven years and									
provide t	hem to the Re	gistrar upon request.	a prior to Moverriber 1, 2011, for severi ye	Zais aiiu					
 Registran November 		th OE Tracker will not be re	equired to provide CE certificates obtain	ned after ——	Signature				
	 Registrants not enrolled with OE Tracker must retain all CE certificates and provide them to the College prior to each registration renewal after November 1, 2017, along with the administrative fee. 					day/month/year			

Please refer to Schedule 21, s. 4.0 of the Bylaws for information on CE requirements; Schedule 14, s. 4.42 of the Bylaws for retention of documentation; and 2.6.1 Continuing Education Requirements of the College Policies.

Please note: You are solely responsible for the accuracy of this form. Keep a copy of this form for your records. Registrants may be selected to undergo an audit as per Section 74 of the College Bylaws.