OPTOMETRY

CONTINUING EDUCATION RECORD FORM

If you are not enrolled in OE Tracker, please use this form to record your CE credits.

Last name		me	First name Mido		ame Regi	stration No.	Phone nu	mber
Year of CE:					CE hours			
Date	Spo	onsor/provider	Title/subject area		Ocular health	Other	Total CE	
Total hours for <u>each</u> category								
Registrants must retain all original CE certificates for a minimum of seven years.								
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 Registrants not enrolled in OE Tracker are required to complete this form on an annual basis. This form may be submitted to CHCPBC if requested. 							ii C	
• In the eve	In the event of an audit, registrants may be requested to submit their original CE certificates.							
- Cay/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 Standards for Quality Assurance – Optometrists.

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 Schedule 21, s. 5.0 the Bylaws.