

**REQUEST FOR CONTINUING EDUCATION CERTIFICATES (CECs)**

Please check ABO *or* NCLE. (If you are submitting courses to both ABO and NCLE, please use separate forms.)

**American Board of Opticianry** \_\_\_\_\_ **National Contact Lens Examiners** \_\_\_\_\_

1) Sponsoring Organization:

\_\_\_\_\_

2) Program Location (city & state)

\_\_\_\_\_

3) Program Date:

\_\_\_\_\_

4) Sponsor representative to whom communications and CECs will be directed:

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address (No P.O. Box please)

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Daytime Phone

**Applications for new courses and/or speakers must be received at least 8 weeks prior to meeting date. For pre-approved courses and speakers, applications must be received at least 2 weeks prior. Incomplete information will result in a delay or denial of approval.**

- \* You will be invoiced for CECs plus a \$10 processing fee per course. Please do not include payment with application. For a fee schedule, you may contact the ABO/NCLE office.
- \* Please complete the reverse side of this application listing **ALL** courses and speakers to be presented. **FOR EACH NEW COURSE AND/OR SPEAKER: please complete and attach the APPLICATION FOR NEW COURSE APPROVAL form and submit with the \$50 Application & Processing fee.**

Return all completed forms to:

ABO/NCLE  
6506 Loisdale Rd., Suite 209  
Springfield, VA 22150

Phone: (703) 719-5800 for more information

Fax: (703) 719-9144

ABO and NCLE reserve 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 ABO/NCLE regulations and procedures. I, the undersigned, also understand that failure to comply may result in denial of CEC approval.

\_\_\_\_\_  
Signature of Meeting Sponsor

\_\_\_\_\_  
Date

**This form may be duplicated**

1) Course Title: \_\_\_\_\_

Speaker: \_\_\_\_\_ SS #: \_\_\_\_\_

Length of Instruction: \_\_\_\_\_ Number of Certificates Needed: \_\_\_\_\_ **If you run out of CECs you must contact ABO/NCLE for instructions. DO NOT COPY CEC.**

Is this a new course or speaker?  YES  NO (If yes, complete and attach *APPLICATIONS FOR NEW COURSE* and/or speaker.)

2) Course Title: \_\_\_\_\_

Speaker: \_\_\_\_\_ SS #: \_\_\_\_\_

Length of Instruction: \_\_\_\_\_ Number of Certificates Needed: \_\_\_\_\_ Is this a new course or speaker?  YES  NO (If yes, complete and attach *APPLICATIONS FOR NEW COURSE* and/or speaker.)

\*3) Course Title: \_\_\_\_\_

Speaker: \_\_\_\_\_ SS #: \_\_\_\_\_

Length of Instruction: \_\_\_\_\_ Number of Certificates Needed: \_\_\_\_\_ Is this a new course or speaker?  YES  NO (If yes, complete and attach *APPLICATIONS FOR NEW COURSE* and/or speaker.)

\*4) Course Title: \_\_\_\_\_

Speaker: \_\_\_\_\_ SS #: \_\_\_\_\_

Length of Instruction: \_\_\_\_\_ Number of Certificates Needed: \_\_\_\_\_ Is this a new course or speaker?  YES  NO (If yes, complete and attach *APPLICATIONS FOR NEW COURSE* and/or speaker.)

**After the course has been presented:**

- \* Summary Evaluation must be mailed to ABO/NCLE within one month of the meeting date. ***Failure to comply with the above may result in loss of status as provider of ABO/NCLE approved education.***
- \* Keep on file a clearly printed registration list or course roster and the completed evaluations from each participant for 45 days following the mailing of the evaluation summary to ABO/NCLE.