

APPLICATION FOR NEW COURSE APPROVAL

American Board of Opticianry _____ National Contact Lens Examiners _____
(Please check ABO or NCLE)

*This form is to be used for new course approval only. Please use a separate form for each new course submitted. This application must be completed in full or approval will be delayed or denied. A **Request for Continuing Education Certificates (CECs)** to schedule your meeting and request CECs must also be submitted at least two weeks prior to program date.*

Sponsoring Organization

Program Date

Sponsor Representative

Daytime Phone

Street Address

City & State

Zip

Course Title: _____

Speaker: _____ **SS # (last 4 digits):** _____

Has this speaker been previously approved by ABO/NCLE? YES _____ NO _____

If speaker has not been approved; please complete an application for speaker approval.

If yes, at which classification? Technical _____ General Knowledge _____

Course Length: _____ (50 minutes = 1 hour credit)

Requested Course Level: Level I (basic) _____ Level II (experienced) _____

Level III (advanced) courses require a Level III Application

Course Classification: Technical _____ General Knowledge _____ (choose one)

Intended Audience: _____

Teaching Methods: _____

Course Description: (A 25-50 word typed course description must accompany form)

Course Outline: (A complete, typed outline with time references must accompany form)

Return forms to: ABO/NCLE, 6506 Loisdale Rd., Suite 209, Springfield, VA 22150

APPLICATION FEE OF \$50 REQUIRED WITH SUBMISSION OF THIS FORM
