College of Opticians of Ontario

Continuing Education Activity Accreditation Request Form

Please complete all sections of this form and the attached checklist completely. Please complete electronically or clearly print. The information contained on this form will be used by the College in carrying out its regulatory activities only for the purpose of regulating the profession in the public interest. Please complete all sections below.

A. Provider Information

Name of Organization

Name			Position
Street Number	Street Name		Unit / Suite Number
P.O. Box	City	Province	Postal Code
Phone	Fax	Email	

B. CE Activity Submission Information – *Supporting Documentation Required*

Exact Title of CE Activity Submitted

In accordance with the Accreditation Policy, an accredited activity must be available to all Ontario opticians. Please explain how this activity will be available to all Ontario opticians:

Type of CE Activity (Please check all that apply)

- ☐ Contact Lens (CL)
- ☐ Eyeglasses (EG)
- ☐ Refracting (RF)
- ☐ Professional Growth (PG)
- ☐ Live Presentation
- ☐ Distance Learning/Online

Level of Knowledge and Skill Required by Participants

- ☐ Advanced
- ☐ Entry-Level
- ☐ Intermediate
- ☐ Refracting Optician

Date(s) of CE Activity:	Is this a Previously Accredited CE Activity? □ Yes □ No
Length of CE Activity (Word Count or Time)	If '*Yes*' was selected, please specify the CE Activity ID# assigned by the COO:

Speaker(s)*

1. Full Name_____ Title/Position _____
2. Full Name_____ Title/Position _____

***Please enclose a short biography or CV specifying the professional designation and or title, education and affiliation of each speaker. Please attach additional sheets of paper to this form.**

C. Location(s) of CE Activity – *if applicable*

Name of Venue

Street Number	Street Name		Unit / Suite Number
P.O. Box	City	Province	Postal Code
Phone	Fax	Email	

D. Learning Outcomes of Activity

Please describe, in detail, the specific learning outcomes of the submitted activity (skills, activities or items of information), how the activity will contribute to the advancement of professional competency and scientific knowledge in the practice of opticianry, and how the activity reflects the educational needs of opticians:

E. National Competencies

Please list the NACOR National Competencies covered within this activity.

F. Data Sources

Please provide a list of all reference materials relied on in developing this activity.

G. Signature

Signature Date

H. Review Fee and Timeline

Please indicate the requested review fee and timeline:

☐ **$84.75 Standard Accreditation Review** (submitted more than 45 days prior to the scheduled event)

☐ **$226.00 Fast Track Accreditation Review** (submitted between 45 to 10 days prior to the scheduled event)

☐ **$565.00 Rush Accreditation Review** (submitted less than 10 days prior to the scheduled event)

*All fees include applicable taxes (HST)

I. Credit Card Authorization

Last name	First Name
Type of Credit Card ☐ VISA ☐ MASTERCARD	Total Amount to be Charged
Card Number	
Exp. Date /	Signature for Authorization of Payment

Please submit this application to the College in one of the following methods:

By email to: qa@collegeofopticians.ca **By fax to:** 416-368-2713

*Submission via Dropbox files is also acceptable for very large documents.