

Continuing Education Activity Accreditation Request Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. 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 n	ame:		Unit/suite number:		
P.O. Box:	City:			Province:	Postal code:	
Phone:		Fax:		Email:		
<u>'</u>						
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 <u>all</u> Ontario opticians. Please explain how this activity will be available to all Ontario opticians:						
explain now and activity will be available to all ofitatio opticians.						
Type of CE activity (please check all that apply):		Level of knowledge and skill required by participants:				
Contact Lens (CL) Live Presentation		Advanced				
Eyeglass (EG) Distance Learning/Online			Entry-level			
Refracting (RF)			Intermediate			
Professional Growth		Refracting Optician				



Date(s) of CE activity:		Is this a previously accredited CE activity?				
		Yes No				
count of time):	If yes, please s	If yes, please specify the CE activity ID# assigned by the				
Length of CE activity (word count of time):						
Speaker(s)*:						
1. Full Name			Title/Position			
	Title/Position _	Title/Position				
			education, and			
Please attach additional	sheets of paper to this	s form.				
– if applicable						
Street name:		Unit/suite number:				
City:		Province:	Postal code:			
Fax:		Email:				
ctivity						
Please describe, in detail, the specific learning outcomes of the submitted activity (skills, activities or items of						
information) which attendees will be expected to incorporate into their professional duties:						
, i	graphy or CV specifying Please attach additional - if applicable Street name: City: Fax:	Title/Position Title/Position Title/Position Title/Position Title/Position Title/Position Title/Position Title/Position Title/Position	Title/Position			



E. National Competencies					
L. National Competencies					
Please list the National Competencies covered within this activity:					
F. Data Sources					
Please provide a list of all reference materials relied on in developing this activity:					
NOTE: It is expected that all presentations will cite at least one reference source (e.g. journal articles, textbooks,					
websites, etc.). Citations should be provided for all ideas, statistics, and other data, including formulas and					
diagrams, that were not created by the presenter. Presenters should also indicate if any of the material is based					
on their own professional experience.					



G. Signature					
Cianatura					
Signature		Date			
	1				
H. Review Fee and	l Timeline				
Please indicate the	e requested review fee and timeline:				
\$28.25 Rer	\$28.25 Renewal Accreditation Review (applicable for activities previously accredited between Oct 1, 2017-2020)				
\$84.75 Standard Accreditation Review (submitted more than 45 days prior to the scheduled event)					
\$226.00 Fas	\$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 – DO NOT INCLUDE CREDIT CARD INFORMATION ON THIS FORM					
Last name:		First name:			
Total amount to be charged:					
Signature for authorization of payment:					

Submit this form by email to <u>qa@collegeofopticians.ca</u> or by fax to 416-368-2713. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.