



OPHTHALMIC
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BOARD OF CERTIFICATION

**APPLICATION FOR O.P.S. CONTINUING EDUCATION CREDIT
Distance Learning (Electronic and Print Media)**

<p>SPONSORING ORGANIZATION: NAME: _____ ADDRESS: _____ _____ _____</p> <p>Please publish this offering (OPS website) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Contact Person: NAME: _____ ADDRESS: _____ _____ _____</p> <p>Daytime Phone: (____) _____ - _____ E-mail: _____</p>
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Delivery Format (submit 2 copies): CD/DVD Video Audio Print Y gd"eqwtug Other _____

TITLE: _____

Length (minus advertisements): _____ Estimated Study Time for Completing Activities: _____

Date of Release/Publication: _____ (CEC Approval is not given after course presentation.)

Please include a separate brief description of the following course information:

- | | |
|--|--|
| 1. TARGET GROUP | 7. OUTLINE PROCESS FOR RECEIVING CREDIT |
| 2. DESCRIPTION OF CONTENT | 8. POST TEST- Must address key points and learning objectives |
| 3. LEARNING OBJECTIVES | 9. EVIDENCE OF COMPLETION-Attach a sample of credit reporting form |
| 4. FACULTY QUALIFICATIONS | |
| 5. FINANCIAL INTEREST STATEMENT | |
| 6. COURSE EVALUATION- attach sample of form to be completed by participant | |

The course director must maintain a list of course evaluations and credits earned for three years after course completion.

The applicant will receive written/email determination of the course(s) Continuing Education Hours (C.E.C.) awarded by the Board of Certification, Education Section.

A \$30.00 application fee must accompany all applications. Payment at the OPS Webstore or checks are to be made out to the OPS/Board of Certification and mailed to:

CEC Section Chair
c/o Beth Ann Benetz, CRA, FOPS
UH Case Medical Center
11100 Euclid Ave, WRN 644
Cleveland, OH 44106
CEC@opsweb.org (email)