

-2011-

Office Use
Date: _____
CEC: _____

Application For OCT-C Recertification

PLEASE PRINT	Section I.
NAME: _____	OPS Membership Number: _____ Please Call Membership Office if Uncertain about ID Number
PREVIOUS NAME : _____	BUSINESS ADDRESS: _____
TODAY'S DATE: ____/____/____	_____
HOME ADDRESS: _____	_____
_____	BUSINESS PHONE:() _____
HOME PHONE:() _____	
E-MAIL: _____ Please Print Clearly	

ALL CERTIFICATION MAIL WILL BE SENT TO THE HOME ADDRESS

I hereby request recertification by the Board of Certification of the Ophthalmic Photographers' Society as an **Optical Coherence Tomographer - Certified**, subject to the provisions set forth in the O.P.S. requirements for OCT-C recertification.

How To Renew Your OCT-C Certification.

- 1) Complete Section 1 above with name, address, and telephone number.
- 2) Complete the **Continuing Education Record Form Section 2** on the reverse side and attach verification of C.E.C. credits.
- 3) Sign and date all application forms.
- 4) **Enclose correct fee. OPS members** are considered those individuals with **CURRENT DUES PAID**. No foreign checks will be accepted. Checks drawn in U.S. dollars or on a U.S. bank will be accepted.
- 6) Make check payable to **Ophthalmic Photographers' Society - OCT-C Recertification**.

DEADLINE: Recertification forms and fees must be received no later than December 31, 2011.
APPLICATIONS RECEIVED AFTER December 31ST 2011 WILL BE RETURNED TO THE SENDER.

2011 Recertification Fee
 Non-Members: \$160.00
 Current Members: \$ 80.00

OPS Membership must be verified BEFORE submission. Call 1-800-403-1677. Payment may be submitted electronically via Credit Card.



Send application, forms, and payment to:
 OCT-C Recertification
 c/o Beth Ann Benetz, CRA, FOPS
 Chair, OPS Board of Certification
 11100 Euclid Ave, Wearn 644
 Cleveland OH 44106
 Fax: 216 844 3128
 OCT-C Recert Email: oct@opsweb.org

DEADLINE DECEMBER 31ST, 2011

200- -1% CONTINUING EDUCATION RECORD FORM

Section II.

O.P.S. Approved Continuing Education Courses (Please include proper documentation)	Date :	Sponsored By:	O.P.S. Credit Hours (1:1) Minimum 4 of 8 OPS CECs' required
<input type="checkbox"/> See enclosed OPS CEC Documentation			Provide Sub-Total: _____
Non-O.P.S. Continuing Education Courses (1:2) (Please include proper documentation)	Date:	Sponsored By:	*Courses Not O.P.S. Approved Credit Hours (1:2) JCAHPO, AMA, etc.
			Provide Sub-Total: _____

* Non-O.P.S. approved courses require 2 hours of instruction time to equal one OPS C.E.C. (1:2) . A maximum of 10 C.E.C.(s) may be applied in this manner.

I attest that I have completed at least the minimum number of hours of continuing education required, and that the information provided here is true and correct to the best of my knowledge. I understand that providing false information may result in the suspension or revocation of my certification.

Applicant's Signature: _____ **Date:** _____

Total Credits:

Applicant Check List

Membership Status Verified:

Payment Enclosed: