Authorized Signature of Regional
Education Committee Chairperson

Professional Opticians of Florida

Application for Approval of Continuing Education

This form must be completed and submitted to POF headquarters no later than sixty (60) days prior to the date of the program in order for approval to be made. **This form must be completed in its entirety or your course will not be approved.**

MM/DD/YY — *Today's Date*

Other — *Chapter Name*

*Contact Person (*Florida Licensed Opticians only)*

(###) ###-#### — *Contact Phone*

(###) ###-##### — *Contact Fax*

Contact E-mail

Contact Street Address

City

FL — *State*

Zip Code

MM/DD/YY — *Program Date*

Total Program Hours

Facility Name

Facility Street Address

City

FL — *State*

Zip Code

Course Information

*Course Title (*Product brand names cannot be included in course titles.)*

Course Instructor

☐ Outline attached *(*Required)*

Speaker Resume Previously S

HIV/AIDS — *Course Category (*Choose only one.)*

CE Slips by ☐ Mail ___ *Qty.* ☐ E-mail *(*Enter recipient's address below.)*

Course Length

Starting Time

Forward this form, along with a course outline and speaker resume, to your Regional Education Committee Chairperson by clicking one of the names below:

George Sweat
3020 Hartley Road, Suite 190
Jacksonville, FL 32257
904-292-0004 *Phone*
gsweat1265@comcast.net
904-292-0005 *Fax*

Gloria Dodge
1300 S Tropical Trail
Merritt Island, FL 32952
321-986-8554 *Phone*
Fax Same

They will in turn approve and sign the form and return it to POF headquarters at:

POF • 1947 Greenwood Drive • Tallahassee, FL 32303 • Fax 850-201-2625

Provider # B00007