Submit 30 days in advance for approved speakers & courses

Submit 60 days in advance if a new speaker or new course topic

Authorized Signature of Regional Education Committee Chairperson

Professional Opticians of Florida

Application for Approval of Continuing Education

This form must be completed in its entirety for your course to be approved.

Today's Date | *Chapter Name* | *Contact Person (*Florida Licensed Opticians only)*

Contact Phone | *Contact Fax* | *Contact E-mail*

Contact Street Address | *City* | FL *State* | *Zip Code*

Program Date | *Total Program Hours* | *Facility Name*

Facility Street Address | *City* | FL *State* | *Zip Code*

Course Information Please fill out one form per course

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

Course Instructor

☐ Outline attached *(*Required)*

*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

jwcampbell@cfl.rr.com
Jerry Campbell
3460 Saddle Brook Dr
Melbourne, FL 32934
321-243-7928

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

POF • P.O. Box 1296 • Crawfordville, FL 32326 • Fax (850) 201-2947

Provider #

50-1645