

State of Hawaii
Department of Commerce and Consumer Affairs
BOARD OF EXAMINERS IN OPTOMETRY
335 Merchant Street
Honolulu, Hawaii 96813
Mailing Address: P.O. Box 3469 Honolulu, Hawaii 96801

PROGRAM SPONSOR AGREEMENT FOR CONTINUING EDUCATION

READ INSTRUCTIONS ON REVERSE SIDE WITH CARE

PROGRAM TITLE: _____

FOR OFFICE USE ONLY	
Index number	_____
Date received	_____
Reviewed by	_____
Approved by	_____
Date approved	_____
Amended date	_____

SPONSOR'S NAME: _____ Telephone: _____

TYPE OF ORGANIZATION: _____

BUSINESS ADDRESS: _____

LOCATION OF PROGRAM (*City, State*): _____ Date of Program: _____

Approval of a continuing education program for _____ continuing education hour(s) is hereby requested.

_____ hour(s) will apply toward fulfilling the 36 hours of continuing education in the diagnosis, treatment, and management of ocular and systemic diseases, required for license renewal of the TPA (therapeutic pharmaceutical agent) -certified optometrist.

The above-named sponsor agrees that the program shall be such:

1. That it will require attendance;
2. That it will be at least 50 minutes in duration for each hour claimed from the beginning of the subject matter to its conclusion;
3. That it will be presented by a qualified lecturer, whose name, title, and qualifications are: _____

4. That written records of its attendees and of the program outline shall be maintained in its files for a period of two years immediately following its conclusion;
5. That a written evidence of attendance will be issued by the Sponsor to each attendee with the continuing education hour(s) and the Board's index number shown thereon;
6. That the continuing education hour(s) requested are exclusive of any preparation time;
7. That the program records will be subject to review by the Continuing Education Committee of the Board of Examiners in Optometry and agree to make these records available to the Committee or its designee during regular business hours at the location indicated above for a period of two years following the date of presentation; and
8. That the Board of Examiners in Optometry will be notified as to the location of these records if they are removed from the above location prior to expiration of the two year period.

In consideration for compliance with this agreement, we understand that we may advise prospective attendees of the advance approval of our programs and the number of hours of credit allowable. If we fail to comply with this agreement or fail to meet acceptable standards in our programs, we understand that approval of our programs may be revoked by the Board of Examiners in Optometry and that notice of such revocation may be given by the Board to all licensees.

Dated at _____

On this _____ day of _____, _____.

(Name of Sponsor)

By _____
(Authorized Signature)

Its _____
(Title)

Accepted this _____ day of _____, _____.

Board of Examiners in Optometry
State of Hawaii

INSTRUCTIONS

1. Submit application in duplicate;
2. Submit application 45 days prior to date of program;
3. Attach a program outline.