

BOARD OF EXAMINERS IN OPTOMETRY
 Professional & Vocational Licensing Division
 Department of Commerce and Consumer Affairs
 P.O. Box 3469
 Honolulu, Hawaii 96801
 (808) 586-2693
 Email: optometry@dcca.hawaii.gov

FOR OFFICE USE ONLY	
<input type="checkbox"/>	TPA Certified
<input type="checkbox"/>	Deficient
<input type="checkbox"/>	Supporting documents needed
<input type="checkbox"/>	Compliant Filed _____

CONTINUING EDUCATION (“CE”) AUDIT FORM

Course date*	Course title	Sponsor	Credit Hours

TOTAL:	
---------------	--

*C.E. credit hours acquired/effective during the **January 1, 2016 to December 31, 2017** period.

I hereby certify that all information contained in this audit form and the supporting documents attached are true and correct.

 Print Name:

 Signature of Licensee

OD - _____
 License No.

 Date