

PROGRAM SPONSOR AGREEMENT FOR CONTINUING EDUCATION ("CE")

PROGRAM TITLE: _____

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

INSTRUCTIONS

1. Submit this original completed application form for each course title no more than 45 days after the course is completed;
2. Attach a program outline including time schedule;
3. Attach course description;
4. Attach curriculum vitae of all lecturer(s);
5. Attach a copy of the certificate of attendance (please see Hawaii Administrative Rules §16-92-40(a) for the required information); and
6. Attach a check for \$25 made payable to: "COMMERCE & CONSUMER AFFAIRS". (check must be in U.S. dollars and be from a U.S. financial institution.)

SPONSOR'S NAME: _____

PHONE NO.: _____ EMAIL ADDRESS: _____

TYPE OF ORGANIZATION: _____

BUSINESS ADDRESS: _____

LOCATION OF PROGRAM (*City, State*): _____ DATE OF PROGRAM: _____

Total CE hour(s) being requested: _____

_____ hours(s) will apply towards fulfilling the 36 hours of CE in the diagnosis, treatment and management of ocular and systemic diseases, required for license renewal of an optometrist with therapeutic pharmaceutical agent ("TPA") certification.

The sponsor agrees that the program shall be such:

1. That it will require and monitor the 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 to be included in attached curriculum vitae;
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 written evidence of attendance will be issued by the Sponsor to **each attendee** with the CE hour(s) and the Board's Hawaii Index Number shown thereon. The Board will not accept any certification of attendance or lists of attendees from the Sponsor. If any are received, they will be discarded;

(CONTINUED ON PAGE 2)

Print Name of Sponsor: _____

Date: _____

6. That the CE hour(s) requested are exclusive of any preparation time;
7. That the program records will be subject to review by the Hawaii Board of Optometry ("Hawaii Board") and the program sponsor agrees to make these records available to the Hawaii Board or its designee during regular business hours at the business address indicated on this application for a period of two years following the date of presentation; and
8. That the Hawaii Board will be notified as to the location of these records if they are removed from the above location prior to expiration of the above two year period.

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

By _____
Signature of individual responsible for CE administration

Date

Its _____
Title

Print name of individual responsible for CE administration

(THIS FORM MAY BE DUPLICATED)