

HAWAII BOARD OF OPTOMETRY
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
P.O. Box 3469 Honolulu, Hawaii 96801
(808) 586-2708
optometry@dcca.hawaii.gov

**FOR OFFICE USE
ONLY**

Reviewer's Initials: _____

- ☐ Deficient
- ☐ Supporting documents
needed
- ☐ Compliant Filed _____

CONTINUING EDUCATION FORM

Course date*	COPE # / Index #	Course Title	Sponsor	Credit Hours Requested	<i>For Board Use Only</i> Credit Hours

TOTAL:		
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*C.E. credit hours acquired/effective during the **January 1, 2020 to December 31, 2021** period.

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

Print Name

OD-_____
License No.

License Type:
☐ DPA ☐ TPA

Signature of Licensee

Date