

HAWAII BOARD OF OPTOMETRY
 Professional & Vocational Licensing Division
 Department of Commerce and Consumer Affairs
 P.O. Box 3469 Honolulu, Hawaii 96801
 (808) 586-2705
 optometry@dcca.hawaii.gov

FOR OFFICE USE ONLY
Reviewer's Initials: _____
Date: _____
<input type="checkbox"/> Compliant
<input type="checkbox"/> Deficient

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, 2022 to December 31, 2023** 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