

Print Name: \_\_\_\_\_, OD- \_\_\_\_\_  
Last, First
DPA / TPA (Circle One)

**FOR OFFICE USE ONLY**

Reviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Compliant

Deficient

## HAWAII BOARD OF OPTOMETRY CONTINUING EDUCATION FORM

Course date*	COPE # / Index #	Course Title	Sponsor	Synchronous (Live) Hours	Asynchronous Hours	<i><b>Board Use Only</b></i> Credit Hours

<b>TOTAL:</b>			
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\*C.E. credit hours acquired/effective during the **January 1, 2024 to December 31, 2025** period.