

## OPTOMETRY CONTINUING EDUCATION SPONSOR APPLICATION INFORMATION AND INSTRUCTION SHEET

Sponsor on this application, shall mean a person, firm, association, corporation, or any other group which has been approved and authorized by the Department to coordinate and present continuing education (CE) courses or programs.

### CE COURSE CONTENT

All CE courses shall:

- A. Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of optometry;
- B. Provide experiences that contain scientific integrity, relevant subject matter, and course materials; and
- C. Be developed and presented by persons with education and/or experience in subject matter of the program.

### REQUIREMENTS FOR INITIAL SPONSOR

Complete the Optometry Continuing Education Sponsor Application and submit it along with the required fee of \$500 and the following supporting documents:

1. A history and the experience of the sponsor as an educational provider;
2. A copy of a sample program with faculty, course materials and syllabi;
3. The name and address of the contact person responsible for all recordkeeping; and
4. A list of all principals of the organization applying for a sponsor license.

### REQUIREMENTS FOR SPONSOR RENEWAL

To maintain approval as a sponsor, each sponsor shall:

- A. Submit by March 31 of each even-numbered year an Optometry CE Sponsor application;
- B. Forward the required renewal sponsor fee of \$500; and
- C. Forward a list of all courses and programs offered within the last 24 months. The list shall include a description, location, date and time of each course given by the sponsor/co-sponsor.

**NOTE: Each sponsor shall submit to the Department a written notice of a course offering 30 days prior to the course date. The notice shall include the description, location, date and time of the course to be offered.**



IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:

**DEPARTMENT OF FINANCIAL PROFESSIONAL REGULATION**

**ATTN: Division of Professional Regulation**

320 WEST WASHINGTON STREET, 3RD FLOOR

SPRINGFIELD, ILLINOIS 62786

**OPTOMETRY CONTINUING EDUCATION SPONSOR APPLICATION**

Submit the following with application and a \$500 fee:

1. A history and the experience of the sponsor as an educational provider;
2. A copy of a sample program with faculty, course materials and syllabi;
3. The name and address of the contact person responsible for all recordkeeping; and
4. A list of all principals of the organization applying for a sponsor license.

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION

2. TELEPHONE NUMBER (Include Area Code)

3. ADDRESS (Include Street, City, State, ZIP Code, and County)

4. FEIN OR SOCIAL SECURITY NUMBER

5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)

6. TITLE/LICENSE NUMBER

7. ADDRESS (Include Street, City, State, and ZIP Code)

8. TELEPHONE NUMBER (Include Area Code)

9. SPONSOR IS:

A School or College of Optometry

Other \_\_\_\_\_

A State Optometric Association

Describe: \_\_\_\_\_

A State Board of Optometry

10. Do you intend to offer the certified course which requires certification by an approved optometry college, osteopathic or medical college or university?  Yes  No

If Yes, give the name of the certifying facility. \_\_\_\_\_

11. Will the post-course evaluation be taken on-site or mailed to the attendee? \_\_\_\_\_

(If the post-course evaluation is distributed on-site, it shall not be removed from the site.)

12. SPONSOR'S BACKGROUND IN OPTOMETRY EDUCATION

13. STATE HOW THIS SPONSOR WILL CONTRIBUTE TO THE ADVANCEMENT, EXTENSION, AND ENHANCEMENT OF PROFESSIONAL SKILLS AND SCIENTIFIC KNOWLEDGE IN THE PRACTICE OF OPTOMETRY:

14. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)

15. a) Specify length of time Sponsor maintains records: \_\_\_\_\_ (Records must be maintained for at least 5 years.)

b) Location where records will be maintained: \_\_\_\_\_

16. Does your organization agree to periodic monitoring of your programs by the members of the Optometric Licensing and Disciplinary Board?  Yes  No

**NOTE: All programs given by Approved Sponsors will be open to all registered Optometrists and not be limited to members of a single organization or group.**

\_\_\_\_\_  
Signature of Person Submitting Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or Print Name of Person Submitting Application

\_\_\_\_\_  
Date

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

### AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1320.80 of the Rules and Regulations;
2. That this sponsor will be responsible for verifying attendance at each program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1320.80 of the Rules and Regulations;
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1320.80 of the Rules and Regulations;
4. That this sponsor will submit to the Department written notice of a course offering 30 days prior to the course date. Notice shall include the description, location, date and time of the program to be offered;
5. That all programs given by this sponsor shall be open to all Optometrists;
6. That this sponsor will maintain attendance records for not less than five (5) years;
7. That this sponsor will be responsible for assuring that no renewal applicant shall receive C.E. credit for time not actually spent attending the program;
8. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation may result in disapproval of this sponsor by the Department; and
9. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

\_\_\_\_\_  
Signature of Person Responsible for Continuing Education Program

NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Signature of Notary Public