

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.

C.E. ACCREDITATION

In order for an Optometrist to obtain credit for attendance at continuing education (C.E.) programs/courses, the program/course must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Optometry Continuing Education Sponsor Questionnaire.
2. Forward a fee of \$500 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **Fees are non-refundable.**
3. Enclose a sample "Certificate of Attendance", which contains the following:
 - a) the name, sponsor license number, and address of the sponsor;
 - b) the name, address and license number of the participant;
 - c) a detailed statement of the subject matter;
 - d) the number of hours actually attended in each topic;
 - e) whether course qualifies for certified continuing education;
 - f) the date and place of the program; and
 - g) the signature of the sponsor.

Sponsor means a person, firm, or association approved by the Department.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Optometric Licensing and Disciplinary Board. Subsequent to Board review, you will be advised of their recommendation.

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.

SPONSOR RESPONSIBILITY AND APPROVAL

1. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.
2. Upon request by the Department, a sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with the Rules. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Rules and that the information is necessary to ensure compliance.

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.
5. A sample certificate of attendance.

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. EMAIL ADDRESS (REQUIRED)

9. SPONSOR IS:

<input type="checkbox"/> A School or College of Optometry	<input type="checkbox"/> Other _____
<input type="checkbox"/> A State Optometric Association	<input type="checkbox"/> Describe: _____
<input type="checkbox"/> 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, mailed or emailed 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, add info 1320.80c)6);
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