

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 251-3018
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov
Website: <http://dsps.wi.gov>

OPTOMETRY EXAMINING BOARD

OPTOMETRIC CONTINUING EDUCATION APPROVAL FORM

Complete and return to Peter Schramm: Peter.Schramm@wisconsin.gov

SPONSOR:

Name: _____

E-mail Address: _____

CONTACT PERSON:

Name: _____

E-mail Address: _____

COURSE TITLE: _____

COURSE HOURS REQUESTED: _____

<u>COURSE DATE</u>	<u>TIME</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

METHOD OF MONITORING ATTENDANCE: _____

YOU ARE ALSO REQUIRED TO TRANSMIT A DESCRIPTION OF EACH COURSE A SCHEDULE THAT INCLUDES AN HOURLY BREAKDOWN OF THE PROPOSED SESSIONS, AND BRIEF INSTRUCTOR CV's.

_____ COURSE APPROVED _____ NUMBER OF HOURS

_____ COURSE NOT APPROVED:
_____ COURSE CONTENT DOES NOT PERTAIN TO WI LICENSE
_____ OTHER:

APPROVED BY: _____ DATE: _____