



National Examining Board of Ocularists

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Application for Approval of Outside Continuing Education Credits - Participation in Ocularistry Related Functions

(Publications, Presentations, or Attendance at non-ASO Sponsored Meetings/Events)

Application Fee: \$60.00 per Event/Course/Publication or Meeting. NOTE: No extra charge will be added for multiple courses that you attend at a single Meeting/Event. However, all information listed below must be supplied for each course that you want to be considered for CE credit awards. Please use either copies of this form or separate sheets if needed.

Please list the name of organization, location of event, form of participation and a copy of the program. Please also include proof of attendance, a synopsis of the event/course and the amount of time spent participating. Proof of attendance can be the certificate of attendance, receipt from organization or other identification from the organization in acknowledgement of your participation.

If you were a presenter or lecturer, please list subject title, a synopsis of presentation/lecture, length of lecture and number of times subject was presented.

If you were an author, please list subject title, where and when published and include a copy of your published work. If you require more space, please use the back of this form.

Please Type or Print

Date of this Application: _____ Date the Event/Course was offered or Date of Publication: _____

Name of Sponsoring Organization or Name of Publication: _____

Name of Event/Course/Meeting or Title of Published Article: _____

Location of Event/Course/Meeting (City/State/Country): _____

Amount of Time spent in the Event/Course/Meeting: _____

Amount of Time of Lecture: _____ Number of times Lecture was presented to another group: _____

Synopsis of Event/Course/Presentation/Lecture/Meeting (Use the back of this form or another sheet if more room is needed.):

Checklist The following must be attached in order to obtain CE Credits:

____ Proof of Attendance ____ Copy of Program/Published Article

Name: _____ NEBO ID #: _____

Address: _____

City, State, Zip: _____

Return this application to David M. Bulgarelli, Executive Director at the above address. Keep a copy for your records. Continuing Education Credits are valid for seven years from event/course/publication date.

For NEBO use only: (Approved by: CE Credit Review Committee NEBO Fee paid _____ Date: _____)

Total Awards: ____ "A" ____ "B" ____ "C" ____ Denied (No CE credits awarded)