



New York State Society of Opticians

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NYS Sponsor Identification #042004-042007.001

NYS CE Approval & Certificate Order Form

Application for: Speaker and/or Course Approval* NYS Continuing Education Credits

***Course Description, Outline, Speaker Resume and/or Curriculum Vitae are REQUIRED for applications of approval. Applications that do not include this information will not be processed.**

Name: _____ Program Date: _____

Company: _____

Position/Title: _____ Social Security #: _____

Business Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

E-Mail #: _____

Lecture Title: _____ Number of Certificates Required: _____

Targeted Audience: _____

Teaching Strategies (lecture, demonstration, slide/overhead presentation, etc.): _____

Sponsoring Region _____ Length of Lecture: _____

Program Type (check all that apply): Ophthalmic Dispensing Contact Lens Business Management

Program Level: Basic Intermediate Advanced

Program Approved for Credits by (check all that apply): ABO NCLE JCAHPO

Program Already Approved for New York State Continuing Education Credits by NYSSO: Yes No

Speaker Already Approved as a New York State Continuing Education Speaker by NYSSO: Yes No

I testify that the information presented above is truthful and complete.

Signature

OFFICE USE
ONLY

COURSE # _____ CREDIT HRS. _____ DATE APPROVED _____
CREDIT TYPE _____ SPEAKER DATE APPROVED _____

03/05