



CANNON BUILDING  
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**STATE OF DELAWARE**  
**BOARD OF EXAMINERS IN OPTOMETRY**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE**

**INSTRUCTIONS**

**When to Submit**

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining an Optometrist license in Delaware. Either Delaware-licensed Optometrists or program providers may submit a request. You may submit a request either before or after the program, however, if the program is not approved, you will be notified and no CE credit given.

The Delaware Board of Examiners in Optometry automatically approves programs given by the following organizations. CE credit will be given for the scientific session portion only of any meetings of these organizations:

- American Optometric Association
- Delaware Optometric Association
- American Academy of Optometry
- Recognized state regional or national optometric societies
- Schools and colleges of Optometry
- Council on Optometric Education (COPE)

**If the program is one of the above, STOP. You do not need to submit this form. No credit** will be given for practice management courses, regardless of the organization giving the course.

**For full details on continuing education requirements, see Section 10.0 of the Board's [Rules and Regulations](#).**

**Documentation Required**

- Complete request form.
- If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.**
- Enclose *detailed course outline* that includes the lesson objectives, plan and typical timetable of the course, including all scheduled breaks.
- Enclose a resume or *curriculum vitae* for each instructor.

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one):  Sponsor/Course Provider  Delaware-Licensed Optometrist
2. If you are a Delaware Licensee requesting approval of a course, enter:  
Your Name: \_\_\_\_\_ Delaware License #: I \_\_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Enter the following information about the course provider:  
Course Provider: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Email: \_\_\_\_\_ Website URL: \_\_\_\_\_

**REQUESTER COMPLETES THIS SECTION (continued)**

4. Course Title: \_\_\_\_\_
5. Course Instructor: \_\_\_\_\_
6. Course Location: \_\_\_\_\_
7. Course Date(s) \_\_\_\_\_
8. Is proof of completion provided (e.g., certificate)? Yes  No
9. Total Contact Hours Requested (excluding breaks): \_\_\_\_\_

Enclose *detailed course outline* that includes the lesson objectives, plan and typical timetable of the course, including all scheduled breaks. Also, enclose a resume or curriculum vitae (CV) for each instructor.

Submit this request, fee (if applicable) and all supporting documentation to the Delaware Board of Examiners in Optometry *no later than ten business days* before the Board's meeting to the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us).

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_

- Approved for \_\_\_\_\_ hours. Approval expires: \_\_\_\_\_  
May be credited to required hours in the areas of therapeutics and management of ocular disease? Yes  No

- Tabled - List reason(s) below.       Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_