

STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS

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Application for Continuing Education Course Approval

Instructions: Complete and submit this form to the Board office at least 15 days before the regularly scheduled board meeting at which you would like your application reviewed. You must submit a course description for *each* course being offered. In addition to course descriptions, (see below), please submit to the board your course evaluation form, evidence of attendance form, and course brochures (if any).

Sponsoring Organization: _____ Contact: _____

Contact Address: _____

Contact Telephone: _____ Fax: _____ Email: _____

Location/Address of Presentation(s): _____

Will these courses be open to all interested parties? Yes No

Public contact info (how can interested parties obtain more information: email, phone, web site, etc.):

Course Descriptions

(To be completed for *each* course; add additional pages as necessary)

Course Title: _____

Course date(s)/time(s): _____ Course length: _____

Number and type (SP or CL) of credits offered: _____ Level (beg, inter, adv): _____

Director name: _____ Qualifications: _____

1. Course description (add additional pages, as necessary):

2. Instructional objectives:

3. Teaching methods:

Course Title: _____

Course date(s)/time(s): _____ Course length: _____

Number and type (SP or CL) of credits offered: _____ Level (beg, inter, adv): _____

Director name: _____ Qualifications: _____

1. Course description (add additional pages, as necessary):

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Course Title: _____

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