



OHIO OPTICAL DISPENSERS BOARD

77 SOUTH HIGH ST. 16TH FLOOR
COLUMBUS, OHIO 43215-6108
(614) 466-9709 FAX (614) 995-5392
www.optical.ohio.gov
e-mail: odb@odb.ohio.gov

INSTRUCTIONS

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSES

- The Ohio Optical Dispensers Board is required by law to review and approve all continuing education course applications. Please read all instructions, complete the attached application form and submit two (2) copies to:
Ohio Optical Dispensers Board
77 South High St. 16th Floor
Columbus, OH 43215-6108
- If you would like notification of receipt of the application, please provide an e-mail address.
- Applications must be received no later than 60 days prior to the date of the proposed course. Two copies of each application and all documents listed below must be submitted with the application.
- Applications must include the following information: (Incomplete applications will be returned.)
 - Outline of the course
 - Speaker's credentials
 - Course objectives
 - Number of hours and course type (Spectacle/Contact Lens/Management/ Ocularist/Ocularist with infection control) requested for each course
 - Name, address and contact phone numbers of sponsoring organization
 - Course title, dates, fees and locations of each offering
 - Example copy of CE Certificate that will be provided to attendees upon course completion
- Approval of hours will be granted based on academic hours.
One academic hour=48-60 minutes.
NOTE: Credit hours will be awarded based on the hours and course type requested. If you have questions about what educational material is appropriate for each course type, see reverse side.
- Approval will not be granted to:
 - Courses designed to promote commercial products or services
 - Courses open only to employees or associates of the sponsoring entity
 - Courses with content not pertinent to the study of Opticianry or Ocularistry
- Sponsors must submit a master list of attendees within 30 days of the approved course to the address above.
- Until approved by the Board, courses shall be advertised as:
Pending approval by the Ohio Optical Dispensers Board for Continuing Education Credits

COURSE CONTENT WILL BE APPROVED IN ACCORDANCE WITH THE INFORMATION ON THE REVERSE SIDE.

Spectacle Courses

Courses directly related to the responsibilities of an Optical Dispenser which may include but are not limited to:

- Lensometry
- Lifestyle dispensing
- Product knowledge
- Manufacturing, adjusting and fitting optical aids
- Measuring of multi-focal
- Pupillary distance
- Optical theory

Contact Lens Courses

Courses directly related to the responsibilities of a Contact Lens Dispenser which may include but are not limited to:

- Dispensing techniques, wearing schedules
- Types of contacts and lens design
- Modifications
- Chemical Solutions
- Radiuscope, keratometer, slit lamp
- Product knowledge
- Problem solving

Ocularist Courses

Courses directly related to the responsibilities of an Ocularist which may include but are not limited to:

- Fitting, fabrication and modification of an ocular prosthesis
- Nomenclature of the eye, structure or orbit
- Applied communicable disease

Management Courses

Courses directly related to the management responsibilities of a Spectacle or Contact Lens Dispenser and/or Ocularist which may include but are not limited to:

- Business management
- Personnel
- Record keeping
- Decision making
- Organization skills
- Marketing
- Motivational management

Multi-media presentations less than an academic hour must be further supported by other means to qualify for the approval. The Board may request a copy of the multi-media presentation for review prior to approval.

Programs must be available to all Ohio Licensed Dispensing Opticians and /or Ocularists. Names and addresses of licensed Opticians and Ocularists may be purchased from the Board office.



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APPLICATION
FOR
CONTINUING EDUCATION APPROVAL

Two (2) complete copies of the application must be submitted 60 days prior to the seminar. Incomplete applications will be returned.
THIS FORM MAY BE DUPLICATED FOR MULTIPLE COURSES. EACH FORM MUST INCLUDE THE TIME FRAME AND THE CREDIT HOURS REQUESTED.

SPONSOR INFORMATION

SPONSOR NAME _____ CONTACT _____

ADDRESS _____ e-mail _____

STREET

PHONE(_____)

CITY _____ STATE _____ ZIP _____

REGISTRATION INFORMATION

PROGRAM LOCATION _____

ADDRESS

CITY

STATE

ZIP

REGISTRATION PHONE(_____) FEES _____

PROGRAM INFORMATION (Attach speaker's credentials and course outline)

PROGRAM TITLE _____ DATE _____

LOCATION _____

COURSE START TIME _____ COURSE END TIME _____ TOTAL MIN./HR _____

Method of Presentation(Panel, Lecture, Etc.) _____

Has this exact same course been previously approved by the Board? _____ Yes _____ No

If response is "Yes", please provide date of original approval _____

<u>Course Type</u>	<u>Hours Requested</u>	<u>Hours Approved</u>
<input type="checkbox"/> Spectacle	_____	_____
<input type="checkbox"/> Contact Lens	_____	_____
<input type="checkbox"/> Spectacle/Contact Lens	_____	_____
<input type="checkbox"/> Ocularist	_____	_____
<input type="checkbox"/> Ocularist/Infection Control	_____	_____
<input type="checkbox"/> Spectacle/ Contact Lens/ Ocularist	_____	_____
<input type="checkbox"/> Spectacle/ Contact Lens/ Ocularist with Infection Control	_____	_____
<input type="checkbox"/> Management	_____	_____

For Office Use Only
REVIEWER: _____
DATE: _____
COMMENTS: _____

The following have been included with this application:

- Two (2) complete copies of the application Speaker's credentials Requested Course Type/Hours
Course outline with start and end times. Example Copy of CE Certificate