

MONTANA BOARD OF OPTOMETRY  
301 SOUTH PARK, 4th FLOOR  
PO BOX 200513  
HELENA MONTANA 59620-0513  
PHONE: (406) 841-2395 FAX: (406) 841-2305  
EMAIL: [dlibsdopt@mt.gov](mailto:dlibsdopt@mt.gov)  
WEBSITE: [www.optometry.mt.gov](http://www.optometry.mt.gov)

## APPLICATION FOR ACCREDITATION OF CONTINUING EDUCATION

1. Name and address of organization providing or sponsoring the activity (**not** the name of person applying):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Telephone number of the provider/sponsor: \_\_\_\_\_

3. Title of the educational activity: \_\_\_\_\_

4. Date(s) and locations(s):

5. Registration Fee: \_\_\_\_\_

6. Method(s) of presentation:

- |  |  |
|--|--|
| <input type="checkbox"/> faculty in room with participants | <input type="checkbox"/> Internet/correspondence |
| <input type="checkbox"/> discussion leader present         | <input type="checkbox"/> video presentation      |
| <input type="checkbox"/> conference/workshop               | <input type="checkbox"/> audio presentation      |

7. List any admission restrictions: \_\_\_\_\_

8. Method of evaluation:

- |   |  |
|---|--|
| <input type="checkbox"/> participant critique | <input type="checkbox"/> independent evaluator |
| <input type="checkbox"/> examination          | <input type="checkbox"/> other: _____          |
| <input type="checkbox"/> none                 | (Specify)                                      |

9. REQUIRED ATTACHMENTS to the application:

- a. Time schedule (if available)
- b. Table of contents, brochure, course outline, course description, or equivalent
- c. Faculty name(s) and credentials (if not in brochure or description)
- d. An explanation as to how this course is germane to this profession

10. Total minutes of instruction, not including breaks, meals, or introductions:

\_\_\_\_\_

11. Has this course been approved by other states:

Granted by: \_\_\_\_\_

Has this course been denied by other states:

Denied by: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Applying (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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**BOARD USE ONLY**

**Course Number** \_\_\_\_\_

Approved for \_\_\_\_\_ continuing education credits.

Disapproved - Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
SIGNED: \_\_\_\_\_