



Council on Optometric Practitioner Education®

1750 S. Brentwood Blvd., Suite 503; St. Louis, MO 63144-1341 • Tel (314) 785-6000 • Fax (314) 785-6002

www.copeonline.org

CE EVENT REPORTING FORM

[PRINT/TYPE ALL INFORMATION - ANSWER ALL QUESTIONS]

Section 1: FILING ORGANIZATION

Contact Person: _____

Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____ WWW Home page: _____

Check here if this address is less than 12 months old, or if it has changed since your organization last filed with COPE.

Check here if your organization has never filed with COPE previous to this application.

Section 2: EVENT INFORMATION

a. Name of program: _____

b. City/state in which program is being held: _____

c. Date(s) to be held: _____

d. You **MUST** enclose the following information with this application:

1. COPE ID Number of all Qualified Courses being registered; OR names of instructors and titles of courses;
2. One copy of promotional literature used to advertise the event, or a copy of your registration materials;
3. One (blank) copy of the certificate given to attendees verifying attendance at the meeting, or at a single course.

The following information is voluntary, but helps COPE provide planning information to optometrists looking for COPE Approved CE:

e. What is the total number of CE hours available at your meeting? _____ hours (estimate is OK)

f. Will there be exhibits at your meeting? (check one) YES NO

g. Topic area (one description only): _____
(e.g., contact lenses, refractive surgery, low vision, glaucoma, multi-disciplinary, general, etc.)

CONTINUE ON THE NEXT PAGE



CE EVENT REPORTING FORM - page 2

Section 3: COURSE PROCESSING

- a. Are you enclosing courses that you wish reviewed with this application? YES NO
- b. Do you wish to be copied on all correspondence sent to the Principal Instructor regarding the course(s) you have enclosed? (check one)
 YES NO
- c. If we have questions about the enclosed courses, or if application materials are missing, do you wish COPE to contact you or the Principal Instructor first? (check one)
 YOU Principal Instructor
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Section 4: DISCLOSURE OF FINANCIAL/PROPRIETARY INTERESTS

Please describe if your organization receives any direct or indirect support from a for-profit entity which could reasonably be considered to impact on the content of the courses featured in your program. No financial data are requested. If an exhibition is a part of your program, provide some idea of the number of exhibitors. Identify those companies that provide specific support for a particular aspect of your program.

Section 5: APPLICATION FEES

<u>Number of COPE</u> <u>Courses in the program</u>	<u>Fee</u>
1 - 5	\$25.
6 - 50	\$75.
51 - 100	\$125.
101 - 150	\$200.
151 +	\$250.

**Total Application
Fee Enclosed:** \$ _____

Fees are due at the time of application.
Make checks payable to: **ARBO**
ARBO does not accept credit cards at this time.

Section 6: CERTIFICATION OF COMPLIANCE

By signing and submitting this form, you certify that the organization identified in Section 1 agrees to comply with COPE's *Criteria for Administrator Qualification* (see page 7; incorporated herein by reference). Administrators understand that all materials submitted in support of an application for COPE review and approval become the property of COPE and will not be returned. Incomplete applications, and applications without fees or with incorrect fees, may be returned or rejected.

Date: _____ Signature: _____

**Return this application, together with all
necessary attachments (see Section 2) to:**

**COPE
1750 South Brentwood Blvd., Suite 503
St. Louis, MO 63144-1341**