

# Council on Optometric Practitioner Education

## CE Attendance Certificates

COPE requires that each O.D. at a meeting receive a CE credit slip documenting attendance and providing relevant information for each course taken. At a minimum, the CE credit slip must contain the following information:

1. Name and address of the attendee
2. State of license and license number
3. Title and COPE ID# of the course(s)
4. COPE Event # of the Event
5. Location and date(s) of the course(s)
6. Name of the instructor(s)
7. Name and title of the administrator/provider
8. Number of hours of CE credit awarded
9. Authorized signature of administrator/provider or a duly authorized representative, or a stamp verifying attendance

### **Sample 1:**

We recommend this version for smaller meetings. The form should be printed on two-part carbonless sheets. After validation of attendance, one copy is retained by the administrator/provider while the original is kept by the attendee. The form can be validated by use of a self-inking stamp with language similar to:

*Attendance verified  
Optometric Society CE Meeting*

Each room monitor should have a copy of the stamp and should be in a position to verify attendance before endorsing the relevant section of the form.

### **Sample 2:**

This version is recommended for larger meetings, where pre-printing a list of courses is impractical. The same process described above should be followed.

**Note:** Course evaluations are not a component of these forms. Administrators/providers must prepare and administer a separate course evaluation process.

Sample 1

CERTIFICATE OF ATTENDANCE

Administrator/Provider Name Address Phone/Fax Numbers	COPE Event # Meeting Location (hotel, conference center) City, State Dates
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Attendee Name: \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

*On completion of each course, you must present this form to the monitor outside the room who will validate your attendance.*

Tuesday, January X, 2010

Course ID#	# Credit Hours	Course Title/Instructor	Validation
12345	2.0	Glaucoma Update Mel Smith, O.D.	
23456	1.5	Top 10 TPA Drugs Hugh Laurie, M.D., Stephen Fry, O.D.	
*	0.5	Best Frame Choices Tracey Ullman, FNAO	
13246	3.0	Retinal Grand Rounds Peter Sellars, O.D.	
23415	3.5	Managing Contact Lens Complications Spike Milligan, O.D.	
13254	1.0	Emergency Eye Trauma Case Management Jennifer Saunders, M.D.	
31423	1.0	Ultraviolet Radiation & the Eye Dawn French, O.D.	

\*Courses not accredited by COPE

**Total CE Credit Hours for this day:** \_\_\_\_\_

PLEASE NOTE: Keep this certificate as your validated record of attendance. [Administrator/Provider Name] will not notify any licensing board, or any other agency, of your attendance unless specifically required by your licensing board. [Administrator/Provider Name] does not guarantee that the course you have attended has been approved for continuing education credit by your licensing board. [Administrator/Provider Name] will retain a copy of this certificate for 5 years.

Sample 2

# Optometric Society Spring 2010 Meeting *Certificate of Attendance*

Name: \_\_\_\_\_, O.D.

State of License: \_\_\_\_\_ License # \_\_\_\_\_

Course Title: Title of Course  
**Course ID: #####**

Event Number: **Event ID: #####**

Date: Date of Course

Place: City, State of Course

Instructor: Name of Instructor

This course has been accredited for \_\_\_ hours of  
Continuing Education credit by COPE

\_\_\_\_\_  
Administrator Name, Title

\_\_\_\_\_  
Administrator Signature or Stamp