

**ARKANSAS BOARD OF DISPENSING OPTICIANS**

Post Office Box 627

Helena, AR 72342

Voice and Fax Line: (870) 572-2847

**REQUEST FOR ABO APPROVED CONTINUING EDUCATION COURSE  
APPROVAL and CERTIFICATES**

**Applications must be received at least 90 days prior to the program date.  
Incomplete information will result in a delay or denial of approval.**

1) Sponsoring Organization: \_\_\_\_\_

2) Sponsor Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

3) Program Location: \_\_\_\_\_  
Street Address (No P.O. Box please)

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

4) Program Date: \_\_\_\_\_ TIME \_\_\_\_\_

Return all completed forms to:  
ARKANSAS BOARD OF DISPENSING OPTICIANS  
BOX 627  
Helena, Arkansas 72343  
Phone/Fax: (870) 572-2847

**ABO APPROVED COURSE INFORMATION**

1) Course Title: \_\_\_\_\_

Speaker NAME: \_\_\_\_\_ ABO Course # \_\_\_\_\_

Length of Instruction: \_\_\_\_\_ Hours Number of Certificates Requested: \_\_\_\_\_

2) Course Title: \_\_\_\_\_

Speaker NAME: \_\_\_\_\_ ABO Course # \_\_\_\_\_

Length of Instruction: \_\_\_\_\_ Hours Number of Certificates Requested: \_\_\_\_\_

3) Course Title: \_\_\_\_\_

Speaker NAME: #: \_\_\_\_\_ ABO Course # \_\_\_\_\_

Length of Instruction: \_\_\_\_\_ Hours Number of Certificates Requested: \_\_\_\_\_

4) Course Title: \_\_\_\_\_  
Speaker NAME#: \_\_\_\_\_ ABO Course # \_\_\_\_\_  
Length of Instruction: \_\_\_\_\_ Hours Number of Certificates Requested: \_\_\_\_\_

#### **PROGRAM SPONSOR REQUIREMENTS**

**After the course has been approved, a sign in sheet for the course will be mailed to the Sponsor Contact address. This sign-in sheet, properly completed, must be postmarked and mailed to the Board Office within 10 days of the meeting date.**

**Course participants must complete a sponsor created evaluation of the program and speaker at the conclusion of the course program.**

**The Program Sponsor must keep on file a legible printed registration list or course roster and the completed program and speaker evaluations from each participant for one year.**

**Failure to comply with any and all requirements for course approval and sponsorship may result in loss of status as provider of Board approved education hours and denial of course hours to the participant.**

**The Arkansas Board of Dispensing Opticians reserves the right to audit, either in person and/or by taping (either audio or video) without charge or prior notice, any program that has been awarded continuing education credit. The sponsoring organization agrees to comply with all Arkansas Board of Dispensing Optician regulations and procedures.**

**I, the undersigned, understand that failure to comply with the requirements of this application may result in denial of, or loss of, continuing education credit approval.**

\_\_\_\_\_  
**Signature of Meeting Sponsor**

\_\_\_\_\_  
**Date**

THIS FORM MAY BE DUPLICATED