

Georgia Board of Dispensing Opticians

AFFIDAVIT OF OBTAINING REQUIRED CONTINUING EDUCATION HOURS FOR LICENSURE RENEWAL

You may renew on-line, or, by mail-in renewal coupon (call 478-207-2440 for a form to be mailed to you).

PLEASE HAVE YOUR SIGNATURE NOTARIZED BELOW VERIFYING YOUR HAVING OBTAINED THE REQUIRED TEN (10) HOURS OF CONTINUING EDUCATION, DURING THE TWO YEARS PRIOR TO THE EXPIRATION DATE, AND SUBMIT TO THE FOLLOWING ADDRESS, E-MAIL or FAX:

GEORGIA BOARD OF DISPENSING OPTICIANS
237 COLISEUM DRIVE
MACON, GA 31217-3858

FAX THE CERTIFICATE TO: 866-888-7127
ATTENTION: DISPENSING OPTICIAN

E-Mail: ExamBoards-Healthcare@sos.state.ga.us

NOTE: THOSE SELECTED FOR A RANDOM CONTINUING EDUCATION AUDIT MUST SUBMIT THEIR CERTIFICATES OF ATTENDANCE TO THE BOARD BEFORE THE RENEWAL CAN BE COMPLETED.

CONTINUING EDUCATION: See Board Rule 420-9-.01 and 420-9-.02 regarding CE requirements on the Board website at www.sos.state.ga.us/plb/opticians. To renew your license, you must provide certification that you have completed the required ten (10) hours of CE as stated in Board Rule 420-9-.01 or the applicable CE hours for new licensees as found in 420-9-.02. This form provides this certification, if properly completed and submitted to the Board's administrative staff.

RENEWAL PERIOD (Date): _____

Dispensing Optician License #LDO _____ **E-Mail Address:** _____

Full Name (PRINTED): _____

PHYSICAL Address: _____ **Phone:** _____

MAILING ADDRESS (if different than physical address): _____

By my signature below, I am certifying that I have obtained the required ten (10) CE Hours for the renewal of my license to practice as a Dispensing Optician in the state of Georgia. In addition, I certify these hours were obtained during the two years licensure cycle (i.e. April 1st of ODD numbered years to March 31st of the subsequent ODD numbered year)

Signed: _____

Date: _____

Sworn to and subscribed before me this

NOTE to NOTARY: Application must be signed with Proper ID.

_____ Day of _____ 20 _____

(Notary Seal)

(Notary Public Signature)

My Commission Expires: _____

THIS DOCUMENT ALONE IS NOT A RENEWAL APPLICATION - DO NOT SEND THIS FORM WITH YOUR RENEWAL FEE ONLY. THIS FORM MUST BE SIGNED, NOTARIZED AND DATED BY LICENSEE OR IT WILL NOT BE ACCEPTED. YOU ARE NOT TO PRACTICE AS A DISPENSING OPTICIAN AFTER MARCH 31ST OF EVERY odd NUMBERED YEAR WITHOUT AN ACTIVE LICENSE.