

GEORGIA BOARD OF OPTOMETRY

237 COLISEUM DRIVE, MACON, GA 31217-3858 \* PHONE (478) 207-2440 \* FAX (866) 888-7127 \* [www.sos.ga.gov/plb/optometry](http://www.sos.ga.gov/plb/optometry)

(Submit this reporting form **ONLY** if you are randomly selected for a Continuing Education Hours audit)

NAME: \_\_\_\_\_ LICENSE # OPT \_\_\_\_\_ (PLEASE SEE BOARD RULE: 430-2-.04 FOR MORE INFORMATION)

**CONTINUING EDUCATION AUDIT REPORT FORM**

AREA	ACTIVITY	LOCATION CITY	LOCATION STATE	DATE/S MONTH/DAY/YEAR	# OF CLOCK HOUR/DAYS
PHARMACOLOGY & PATHOLOGY					TOTAL: _____
ETHICS					TOTAL: _____
GRAND ROUNDS					TOTAL: _____
ONLINE COURSES					TOTAL: _____
PRACTICE MANAGEMENT					TOTAL: _____

FAX THIS FORM TO 866-888-7127, E-Mail to [ExamBoards-Healthcare@sos.state.ga.us](mailto:ExamBoards-Healthcare@sos.state.ga.us), OR MAIL TO THE ADDRESS NOTED ABOVE ALONG WITH ALL SUPPORTING DOCUMENTS REQUIRED OR YOUR RENEWAL MAY BE DELAYED.

PLEASE NOTE: YOU MAY SUBMIT YOUR CE TRACKING REPORT FORM FROM THE ARBO CE TRACKER PROGRAM VERSUS THIS REPORT FORM. OTHERWISE, USE

THIS REPORTING FORM AND SUBMIT WITH COPIES OF YOUR CERTIFICATES.

04/09/2015