

GEORGIA BOARD OF OPTOMETRY * www.sos.ga.gov/plb/optometry
 237 COLISEUM DRIVE, MACON, GA 31217-3858 * PHONE (478) 207-2440 * FAX (866) 888-7127 * ExamBoards-Healthcare@sos.state.ga.us
 (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, 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. 09/01/2017