

GEORGIA BOARD OF OPTOMETRY <https://sos.ga.gov/licensing-division-georgia-secretary-states-office>
 (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)

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: _____

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. **02/17/2026**