

APPLICATION CHECKLIST

All applications **MUST** include all applicable items. IJCAHPO will not process incomplete applications. All fees **MUST** be included for your application to be considered complete.

✓ CHECK WHEN COMPLETED

- Lecture Content** *(required for each lecture)*
 - Title, Time, Speaker
 - Course Duration/CE Credits
 - Target Group
 - Course Level: Basic, Intermediate, or Advanced
 - Teaching Method
 - Course Information: Description and Learning Objectives
- Speaker Form**
- CE Credit Reporting Form**
- Program Evaluation Form**
- Promotional Material/Advertisement**
- Application and Course Materials**
- Fees**
- Sign-In Sheets**
- Post-Test/Quiz (If Applicable)**

PROGRAM SCHEDULE EXAMPLE

This is provided as a template of a one-day program totaling 3.75 hours.

TIME	ACTIVITY	TITLE OF LECTURE	SPEAKER AND CREDENTIALS	CE CREDITS REQUESTED
7:30-7:55 A.M.	REGISTRATION			NOT ACCEPTED AS LEARNING ACTIVITY TIME.
7:55-8:00 A.M.	WELCOME			NOT ACCEPTED AS LEARNING ACTIVITY TIME.
8:00-9:00 A.M.	LECTURE #1	BASIC INTRODUCTION TO THE EYE AND EYE DISEASE	JOHN DOE, MD	1.0
9:00-10:00 A.M.	LECTURE #2	HISTORY TAKING	JANE SMITH, COMT	1.0
10:00-10:15 A.M.	DISCUSSION, Q&A			0.25
10:15-10:30 A.M.	BREAK			NOT ACCEPTED AS LEARNING ACTIVITY TIME.
10:30-11:00 A.M.	LECTURE #3	GLAUCOMA TREATMENTS	JOHN DOE, MD	0.5
11:00 A.M.-NOON	LECTURE #4	OPHTHALMIC TESTING FOR YOUR GLAUCOMA PATIENTS	JANE SMITH, COMT	1.0
NOON-1:00 P.M.	LUNCH			NOT ACCEPTED AS LEARNING ACTIVITY TIME.

Download APPLICATION here.

INSTRUCTIONS: If the program is comprised of several courses, complete one application for the entire program (not one for each course). If applying for multiple programs, complete one application for each program.

PROVIDER INFORMATION Classroom Live Stream Distance Learning

Host Organization: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Contact Person: _____

Daytime Telephone: _____ E-mail: _____

PROGRAM INFORMATION

Program Title: _____ Begin Date: _____ End Date: _____

Location: (Name of facility where program will be held) _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Do you want this program (Classroom) published on IJCAHPO's website? Yes No

SPONSOR INFORMATION Financial support from: **Sponsor?** Yes No **Educational Grant?** Yes No

Sponsor/Grantor Name: _____ Amount: \$ _____

	CLASSROOM	LIVE STREAM	DISTANCE LEARNING	\$ AMOUNT
IN-SERVICE TRAINING				
Per CE hour fee	\$45 per hour	\$75 flat fee + \$45 per hour	\$75 flat fee + \$45 per hour	\$
CLINIC/HOSPITAL/ACADEMIC/ASSOCIATION/SOCIETY				
Per CE hour fee	\$75 per hour	\$100 flat fee + \$75 per hour	\$750 flat fee + \$75 per hour	\$
Repeat fee	\$75 first hour + \$20 per additional hour	No repeats	No repeats, Valid for 2 years	\$
CONSULTANTS/BUSINESS/INDUSTRY				
Per CE hour fee	\$100 per hour	\$350 flat fee + \$100 per hour	\$1200 flat fee + \$100 per hour	\$
Repeat fee	\$100 first hour + \$20 per additional hour	No repeats	No repeats, Valid for 2 years	\$
OTHER FEES				
Late	\$150	\$250	\$250	\$
Rush	\$250	\$400	\$400	\$
Reconsideration	Per CE hour reviewed	Per CE hour reviewed	Per CE hour reviewed	\$
Appeal	\$100	\$100	\$100	\$
			TOTAL	\$

Will this Classroom program be repeated within one year? Yes No

PAYMENT INFORMATION (payable to IJCAHPO in U.S. dollars)

Check or Money Order enclosed VISA MasterCard Discover American Express Amount: \$ _____

Credit Card Number _____ Security Code _____ Expiration Date _____

Cardholder's Address _____ Cardholder's Zip Code _____

Name as it appears on credit card (please print) _____

SIGNATURE: By mail or fax X

Date: _____

SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual. Date: _____

FOR IN-OFFICE USE ONLY: #CE Credits	Awarded: _____ A	Max. Per Person: _____	Pending: _____	Denied: _____
Reviewer Signature _____			Date: _____	

Download **LECTURE TEMPLATE** here. This form may be duplicated. Complete for each lecture.

LECTURE #	TIME	TITLE	COURSE DESCRIPTION	OBJECTIVES	SPEAKER AND CREDENTIALS	TARGET GROUP	LEVEL	PREREQUISITE	TEACHING METHOD	CE CREDITS REQUESTED
1	8:00-9:00 a.m., one hour	Basic Introduction to the Eye and Eye Disease	This lecture is an introduction to eye disease and anatomy. Descriptions of common eye disorders are presented.	1. Identify the components of the visual system and their functions. 2. Describe three of the most commonly encountered eye disorders.	John Doe, MD	Ophthalmic assistants and technicians	Basic	None	Lecture, PowerPoint	One (1)

Download **SPEAKER FORM** [here](#). This form may be duplicated. Complete **ONE** form for **EACH** instructor (**DO NOT SEND CV**). Please print.

COURSE TITLE: _____

PROGRAM TITLE/DATE: _____

NAME: _____

Mailing Address: _____

Telephone: _____

EMPLOYER: _____

Email: _____

Present Position: _____

PROFESSIONAL LICENSE OR CERTIFICATION(S) (Check all that apply)

- MD DO OD COA COT COMT ROUB CDOS CCOA
 RN LPN/LVN CRNO CRA CO OC(C) ABO NCLE Other: _____

EDUCATION (POST HIGH SCHOOL): (Include basic preparation through highest degree held.)

DEGREE	INSTITUTION (NAME, CITY, STATE)	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
1.			
2.			
3.			

CURRENT AREA(S) OF SPECIALIZATION OR CONCENTRATION (Check all that apply)

- Administration Education Neuro-ophthalmology Refractive Surgery
 Cataracts General ophthalmology Pediatrics/strabismus Research Other _____
 Cornea Glaucoma Plastics Retina

BIOGRAPHY: Briefly describe your professional experience, area(s) of expertise, and any certifications, including publications, which qualify you to teach this course.

(Do not send CV)

CODE OF CONDUCT AND RESPONSIBILITY

Speakers have an obligation to attendees to provide the highest level of relevant education/learning materials and not their own personal beliefs or philosophies. Speakers are encouraged to acknowledge the fact that the audience will be comprised of all races, ages, genders, disabilities, and political affiliations. Every attendee deserves a safe and comfortable learning environment free from any sexist or discriminatory innuendos or language.

FINANCIAL INTEREST DISCLOSURE

For the purpose of this **Financial Interest Disclosure**, "Designated Company" means an entity related directly or indirectly to the manufacture or distribution of lenses, pharmaceuticals, medical devices and instruments, vision care products, or services commonly utilized by ophthalmologists.

Check all boxes that apply and sign below.

- Yes No I, or a member of my family, my professional partnership or corporation, my employer, or co-instructor(s)/co-author(s), currently or within the preceding twelve (12) months have had a financial interest in Designated Company, a financial relationship, advisory capacity with any Designated Company, or entity related to my presentation, poster, or submitted manuscript.

Complete the following if applicable:

- Stock shareholder Company Name: _____
- Consultant, advisor, or employee (compensated or non-compensated)/
Participated as a member of an advisory panel Company Name: _____
- Educational grant or research funds Company Name: _____
- Received free/discounted products or services Company Name: _____
- Received travel stipend or honorarium Company Name: _____
- Corporate sponsor Company Name: _____

SIGNATURE OF INSTRUCTOR

I have read, understand, and agree to comply with the above statement and to the best of my ability, agree to be bound by the "Speaker Code of Conduct and Responsibility." I verify that the content within this document is valid and factual.

Date: _____ Signature by Mail or Fax: _____
or

Date: _____ Signature by Email: This serves as an official signature of authentication for all claims and information included in this form.

Download SIGN-IN SHEET TEMPLATE here. This form may be duplicated.

Host Organization: _____

Program/Course Title: _____

Program Location (City and State): _____

Program Date: _____

PRINT/TYPE FULL NAME:	SIGNATURE:

Download CE CREDIT REPORTING FORM TEMPLATE here.

CE CREDIT REPORTING FORM MUST INCLUDE:

- Participant name
- Educational medium (Classroom, Live Stream, or Distance Learning)
- Number of CE credits earned
- Individual course title(s)
- Host organization
- Program title
- Program location (city & state)
- Distance Learning website URL for online course (if applicable)
- Program date
- Program director/administrator signature
- Applicable disclaimer(s)

This certifies that:

has successfully completed a CE course via

- Classroom
- Live Stream
- Distance Learning

on _____

and has earned the following continuing education (CE) credit hours

_____ IJCAHPO Group A

for the following courses:

Host Organization: _____

Program Title: _____

Program Location (City, State): _____

Program URL: _____

Program Director Signature: _____

This program is not sponsored by IJCAHPO; it is only reviewed for compliance with IJCAHPO standards and criteria and awarded continuing education credit accordingly; therefore, IJCAHPO cannot predict the effectiveness of the program or assure its quality in substance and presentation.

Please note: Keep this form in your personal file. IJCAHPO does NOT retain records of CE credits earned.

Download PROGRAM EVALUATION FORM here.

Host Organization: _____

Participant Name: _____

Program Title: _____

Program Location (City and State): _____

Program Date: _____

Directions: Circle the number that best describes your agreement with each statement. 1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree									
Please write the instructor's name and course title in the space provided below.	Overall, I was satisfied with this course.	I would recommend this course to a colleague.	Handouts facilitated my understanding.	Presentation was organized.	Presentation met the learning objectives.	Did the course contain any commercial bias?	This course was taught at a level right for me.	Did the instructor disclose any financial interest?	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No	Yes No
1. Instructor's Name: Course Title:	Comments on instructor, course, or both:								
2. Instructor's Name: Course Title:	Comments on instructor, course, or both:								
3. Instructor's Name: Course Title:	Comments on instructor, course, or both:								
4. Instructor's Name: Course Title:	Comments on instructor, course, or both:								
5. Instructor's Name: Course Title:	Comments on instructor, course, or both:								
6. Instructor's Name: Course Title:	Comments on instructor, course, or both:								

Note: Please complete an additional evaluation form if this program has more than six courses and/or instructors.

This course was delivered using the following media (Check all that apply):

- Classroom Live Stream Distance Learning

What part of the program was most useful to you? _____

What part of the program was least useful to you? _____

General comments about the program: _____