

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.