

## **Instructions for Completing the Continuing Education (CE) Reporting Form**

Complete the attached CE Reporting Form and attach copies of the CE certificates.

**NOTE:** The 2016 General Assembly made changes to the Code of Virginia affecting the CE requirements for optometrists. On September 21, 2017, these changes became effective in the regulations. Due to the changes, the Board is unable to utilize the Association of Regulatory Boards of Optometry's OE Tracker records because it does not report all the necessary information required by Virginia.

### **The CE Reporting Form requires the following information:**

**Date:** Provide date on which course was taken.

**Course Title:** Include complete title of course or program.

**Provider:** Include full name of the entity sponsoring, accrediting or approving the course or program.

**Category:**

- CPR – no more than 2 hours per calendar year;
- Recordkeeping (RK) – no more than 2 hours per calendar year;
- TPA: minimum of 10 hours required;
  - Ocular and general pharmacology;
  - Diagnosis and treatment of the human eye and its adnexa, including treatment with new pharmaceutical agents; and
  - New or advanced clinical devices, techniques, modalities or procedures.
- Other

**Format:**

- (1) Real-time, interactive (RT): activities including in-person or electronic presentations provided that during the course of the presentation, the licensee and lecturer may communicate with one another. Minimum of 10 hours required; and
- (2) Non-interactive (NI): activities that do not include real-time, in-person communication between the licensee and the sponsoring, accrediting or approving course or program.

**COPE ID:** If course is COPE approved, provide COPE ID number.

**Hours:** Report number of CE credits received and verified by the certificate of completion.

The CE requirements specified in [18VAC105-20-70](#) are available in the [Regulations of the Virginia Board of Optometry](#) which are posted on the Board's [website](#).



Virginia Department of  
**Health Professions**  
 Board of Optometry

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**BOARD OF OPTOMETRY  
 CONTINUING EDUCATION REPORTING FORM**

Licensee Name:	License #:
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Date	Course Title	Provider	Category	Format*	Hours	Cope ID

\*May record the format as RT (real-time interactive) or NI (non-interactive)