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## Continuing Education (CE) Credit Form for Volunteer Practice

**To be completed by the optometrist and a contact person at local health department or free clinic. Maintain completed form with your personal CE records for three years. Do not submit completed form to the board unless notification is received regarding a CE audit.**

*18VAC105-20-70, Requirements for Continuing Education: Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.*

Name of Optometrist:			License number:
Street address:			Telephone number:
City:	State:	Zip code:	Email address:

Facility where CE credit was obtained:		Permit number: (if applicable)
Street address:		Telephone number:
City:	State:	Zip code:

Date of service:	Number of hours of service:	Number of CE hours credited:
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Name of contact person at local health department or free clinic: \_\_\_\_\_

**By affixing my signature, I affirm this individual provided the declared hours of service at this location.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_