COE | CERTIFIED OPHTHALMIC EXECUTIVE

Record of Continuing Education Credits Earned

List all continuing education credits earned during the past three years. If your application is selected for audit purposes, you will be asked to provide supporting documentation under separate cover.

Printed Name _____ **Date:** _____

I certify that all statements made in this record are true. Signature_____

Continuing Education Activity ***(attach separate sheet if necessary)***	**Location and Date**	**Sponsored by**	**Number of Hours**	**Number of Credits**		
				Cat A	**Cat B**	**Cat C**
Example: *ASOA Annual Meeting*	*Washington, D.C. 2022*	*ASOA*	*18*	*18*		
TOTAL						

RETURN FORMS TO:

Email (asoa@asoa.org); fax (703-547-8827)

Questions? Email asoa@asoa.org or call ASOA at 703-788-5777