

## **Board of Examiners in Optometry** PO Box 513

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## NON-COPE APPROVED CONTINUING EDUCATION APPROVAL REQUEST

This form must accompany any Non-COPE (Council on Optometric Practitioner Education) approved continuing education courses submitted to the South Dakota Board of Examiners in Optometry. Each course requires a form submission even if the course is listed on the licensee's OE Tracker transcript or other state association transcript. The Board must approve all Non-COPE continuing education and it will only be considered during regularly scheduled meetings. Pre-approvals will also only be considered during regular meetings so please make sure you plan accordingly to make sure your request meet license renewal timelines.

**Please Note:** This Board will only approve non-COPE continuing education that falls within the scope of practice of South Dakota licensed optometrists under SDCL 37-7-1.

Name of Licensee:
Date of Course:
Title of Course:
Hours Requested:
Instructor of Course:
Provider/Sponsor of Course:
Format of Course:
Self-Directed Learning (any digital format)
Live/In-Person (in the same room as instructor)
Course Classification:
Therapeutic
Practice Management
Other

	(Either official course des it into your own words.)	cription from agenda	or, if that is not	
FOR BOARD USE ONL	Y:			
Date of Review:				
	Board Member Si			
Ashley Crouch:				
Jamie Farmen:				-
Brian Gill:				-
				-
Notes:				7