

MCE CREDIT SUBMISSION FORM

EG – Eyeglasses
 CL – Contact Lens
 EC – Eyeglasses or Contact Lens
 RF – Related Field

Name: _____ Registration # _____

Registration Type: Optician Optician & Contact Lens Fitter

Date Submitted: _____ Date Credits Due: _____

Registration Type	Total Credits Required	Minimum EG	Minimum CL	Minimum Prof. Provider*	Maximum RF	Maximum Carry Over
Optician	21	12	-	14	9	7
Optician & Contact Lens Fitter	36	12	15	24	9	12

* Professional providers include the OAC, Douglas College, OBC, COBC, study clubs, NAIT and other institutions.

Title of Course/Activity	Course Code	# of EG Credits	# of CL Credits	# of EC Credits	# of RF Credits	Prof. Provider	Related Org.
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Total Credits in Each Category							

Total Credits Overall: _____

COBC Office Use Only Complete

Min EG Min Prof. Prov Total: _____

Min CL Max RF Carry Over _____