



Past-due Continuing Education Planner

Please choose the correct box below:

- As an Optician, I require 21 credits, with a minimum of 12 Eyeglass credits**
- As a Contact Lens Fitter, I require 36 credits, with a minimum of 15 Contact Lens and 12 Eyeglass credits.**

I will obtain credits by completing the following continuing education activities:

*Example: COBC education day on May 1, 2019 to obtain 4 EG credits.
Planned completion date: May 1, 2019*

1. _____
Planned completion date: _____, 2019
2. _____
Planned completion date: _____, 2019
3. _____
Planned completion date: _____, 2019
4. _____
Planned completion date: _____, 2019
5. _____
Planned completion date: _____, 2019
6. _____
Planned completion date: _____, 2019
7. _____
Planned completion date: _____, 2019
8. _____
Planned completion date: _____, 2019
9. _____
Planned completion date: _____, 2019

Name: _____ **Registration #** _____

I attest that I filled in the above information in good faith, and will complete all required credits by this date: ____, 20 . I also understand that if I do not submit my credits by this date, my registration will be suspended.

Signature

Date