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| **APPLICATION FOR CPE PROVIDER FORM** (Supplement)  *Please read and understand the requirements in “Guide for CPE Event Providers” before submitting an application to OOB. By submitting an application, it is deemed that you have understood and would abide by the conditions set out in the Guide.* | |
| **A. Company Information** | |
| **Name of Company:** Click here to enter text. |  |
| **Have a local operation?** Yes  No | **Business Registration No/UEN\*:** Click here to enter text. |
| **Organisation Type :**  Healthcare Institution  Professional bodies  Academic Institution | |
| *\* Please support with copy of Bizfile*  **Management Representative** |  |
| 1) Name: Click here to enter text. | Designation: Click here to enter text. |
| Office number: Click here to enter text. | Mobile number: Click here to enter text. |
| Email: Click here to enter text. |  |
|  |  |
| 2) Name: Click here to enter text. | Designation: Click here to enter text. |
| Office number: Click here to enter text. | Mobile number: Click here to enter text. |
| Email: Click here to enter text. |  |
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| **Administrators/ Account users** |  |
| 1) Name: Click here to enter text. | Designation: Click here to enter text. |
| Office number: Click here to enter text. | Mobile number: Click here to enter text. |
| Email: Click here to enter text. |  |
|  |  |
| 2) Name: Click here to enter text. | Designation: Click here to enter text. |
| Office number: Click here to enter text. | Mobile number: Click here to enter text. |
| Email: Click here to enter text. |  |
|  |  |
| 3) Name: Click here to enter text. | Designation: Click here to enter text. |
| Office number: Click here to enter text. | Mobile number: Click here to enter text. |
| Email: Click here to enter text. |  |
| **Brief Introduction of the organisation/ department** *(less than 100 words)* | |
| Click here to enter text. | |
| **Past Experience in providing CPE activities or similar (if any)** *(less than 100 words)* | |
| Click here to enter text. | |

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| **B. Proposed Speakers/ Presenters** | | | | | | |
| **Number of trainer(s)/ speaker (s) available\*:** | | | | | | |
| Full time: |  |  | Part-time: |  |  | |
| *\* Please submit copies of speaker/trainer’s CV, including years of training experience and area of expertise.* | | | | | | |
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| **Planned number of events/ participants per year upon approval** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| **Proposed Training Contents:**  For Optometrists   |  | | --- | | 1. Clinical Instrumentation and Application | | 1. Clinical Examination Skills | | 1. Patient Management | | 1. Ocular Diseases | | 1. Referral Pathway and Healthcare System | | 1. Contact Lens Practice and Management | | 1. Binocular Vision/ Vision Development/ Neuro-ophthalmology | | 1. Administration of Patient Registers and Records (legal aspects) | | 1. Complaints and Risk Management (legal aspects) |   For Opticians   |  | | --- | | 1. Clinical Instrumentation and Application | | 1. Refractive Assessment 2. Refractive Management | | 1. Ophthalmic Dispensing | | 1. Referral Pathway and Healthcare System | | 1. Administration of Patient Registers and Records (legal aspects) | | 1. Complaints and Risk Management (legal aspects) | |

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**Note to applicant**

1. Please ensure that you have provided all required information in this form and online application.
2. Review of each application will take about 3-6 weeks, depending on the completeness of information submitted.
3. Outcome to the application will be sent via email to the administrator.
4. Provider may submit event via the Professional Registration System (PRS) once the account is approved.
5. You are required to adhere to the terms and conditions stipulated in the Guidelines for CPE provider.
6. Please contact the OOB should you require any clarifications or assistance on the application.