**Event Accreditation Form (Form C1)**

**OPTOMETRISTS & OPTICIANS BOARD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Event:**Click here to enter text. | **Time:** Click here to enter text. | **Target Audience:**[ ]  Optometrists [ ]  Opticians | **Proposed CPE Points:** Click here to enter text. |
| **Name of Event/Webinar:** | Click here to enter text. |
| **Venue:** | Click here to enter text. |
| **Area of Training:** | For Optometrists[ ]  Clinical Instrumentation and Application [ ]  Clinical Examination Skills[ ]  Patient Management[ ]  Ocular Diseases[ ]  Referral Pathway and Healthcare System[ ]  Ophthalmic and Contact Lens Dispensing[ ]  Contact Lens Practice and Management[ ]  Binocular Vision/ Vision Development/ Neuro-ophthalmology[ ]  Administration of Patient Registers and Records (legal aspects)[ ]  Complaints and Risk Management (legal aspects)For Opticians[ ]  Clinical Instrumentation and Application [ ]  Refractive Assessment [ ]  Refractive Management[ ]  Ophthalmic Dispensing[ ]  Referral Pathway and Healthcare System[ ]  Administration of Patient Registers and Records (legal aspects)[ ]  Complaints and Risk Management (legal aspects) |
| **Synopsis of Training Event:***Description in 50 words for display on OOB event calendar.*  | Click here to enter text. |
| **Learning Objective/ Outcome:** *Note: Please submit additional form if more space is required* | For Session 1Click here to enter text. |
| For Session 2Click here to enter text. |
| For Session 3Click here to enter text. |
| For Session 4Click here to enter text |
| For Session 5Click here to enter text. |

|  |  |
| --- | --- |
| **Speaker’s Name & profile:***Note: Please submit additional form if more space is required*  | (1) Click here to enter text.  |
| (2) Click here to enter text. |
| (3) Click here to enter text. |
| (4) Click here to enter text. |
| (5) Click here to enter text. |
| (6) Click here to enter text. |
| (7) Click here to enter text. |
| (8) Click here to enter text. |
| (9) Click here to enter text. |
| (10) Click here to enter text. |
| **Person-in-charge of event** | Email: Click here to enter text. Tel No: Click here to enter text. |

**Reminder**

1. To facilitate review, providers are required to include the following when applying for event accreditation:
2. Event Accreditation Form (Form C1)
3. Programme Schedule / Outline of Activity
4. Publicity materials (if any)
5. Events must not be for purpose of promoting or endorsing any brands or product.
6. OOB reserves the right to modify the number of points allocated for the activities.
7. CPE points should only be awarded to participants who have met minimum 75% attendance for the event.
8. Providers must inform the OOB if there are major changes to the event or if the event has been cancelled, and are responsible to notify practitioners who have registered for the event.
9. Providers are required to log in PRS to update the changes and re-submit the application.