



## Required COPE Course and Activity Information for Jointly Accredited Providers

The following information is required in order to receive a **COPE Course ID Number**:

Instructor Name, Degree: \_\_\_\_\_

Adjunct/Co-Instructor Name(s), Degree (if applicable): \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Description: \_\_\_\_\_  
\_\_\_\_\_

Course Objectives: \_\_\_\_\_  
\_\_\_\_\_

Total Course Hours: \_\_\_\_\_

### Course Category:

Contact Lenses (CL)	<input type="checkbox"/>	Functional Vision/Pediatrics (FV)	<input type="checkbox"/>
General Optometry (GO)	<input type="checkbox"/>	Low Vision/Vision Impairment & Rehabilitation (LV)	<input type="checkbox"/>
Public Health (PB)	<input type="checkbox"/>	Glaucoma (GL)	<input type="checkbox"/>
Injection Skills (IS)	<input type="checkbox"/>	Laser Procedures (LP)	<input type="checkbox"/>
Peri-Operative Management of Ophthalmic Surgery (PO)	<input type="checkbox"/>	Surgery Procedures- Optometric (SP)	<input type="checkbox"/>
Treatment & Management of Ocular Disease (TD)	<input type="checkbox"/>	Neuro-Optometry (NO)	<input type="checkbox"/>
Pharmacology (PH)	<input type="checkbox"/>	Systemic Disease (SD)	<input type="checkbox"/>
Practice Management (PM)	<input type="checkbox"/>	Ethics/Jurisprudence (EJ)	<input type="checkbox"/>

### Course Format:

<b>Synchronous In-Person</b> (examples: Face-to-face, Hands on workshop)	<input type="checkbox"/>
<b>Synchronous Virtual</b> (examples: -Interactive webinars in real time, Videoconferences)	<input type="checkbox"/>
<b>Asynchronous</b> (examples: Recorded webinar without instructor interaction, Journal article, recorded Webcast/podcast)	<input type="checkbox"/>

*Please Note: COPE does NOT provide partial course credit. If you are offering multiple learning sessions led by multiple instructors, please complete the top portion of this form for each individual session.*

The following information is required in order to receive a **COPE Activity Number**:

Activity Title: \_\_\_\_\_

Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_

Activity Venue and Address (If Synchronous In-Person): \_\_\_\_\_

Activity Website (If Synchronous Virtual or Asynchronous): \_\_\_\_\_

Activity Description: \_\_\_\_\_

*Please email the information along with a copy of your invitation/marketing materials to [arbo@arbo.org](mailto:arbo@arbo.org) prior to your activity date and someone will respond to you with the appropriate COPE numbers.*

**Important: The COPE course and activity numbers must be on the certificate of attendance in order for the credit to be accepted by the optometry licensing boards.**