

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Course Category:**

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

**Course Format and Presentation:**

|  |  |  |
| --- | --- | --- |
| **Live Format-** | | |
| Lecture | Interactive/Workshop | Panel |
| Symposium/Scientific Lecture | Grand Rounds | Poster |
| **Interactive Distance Learning Format-** Internet/Online | | |
| **Enduring Distance Learning Format-** Internet/Online | | |
| **Written Format-** Correspondence | | |

*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 Live):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Website (If Distance Learning):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Please email the information along with a copy of your 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.***