



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: _____

Brief Course Overview: _____

Course Learning 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:

Synchronous In-Person (examples: Face-to-face, Hands on workshop)	<input type="checkbox"/>
Synchronous Virtual (examples: -Interactive webinars in real time, Videoconferences)	<input type="checkbox"/>
Asynchronous (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 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.