OREGON BOARD OF OPTOMETRY
P O Box 13967
Salem Oregon 97309-1967
Phone: 503/399-0662
Fax: (503) 399-0705

CONTINUING EDUCATION REPORT FORM

NAME:_____ **LICENSE #:**_____ **TELEPHONE:**_____

ADDRESS:_____

Return to: Oregon Board of Optometry at above address ***with your license renewal application. Original certificates for documentation of COE required.***

DATE	SPONSOR	COURSE TITLE	LOCATION	HOURS

TOTAL: _____

OBO use only:_____

Cereport.1105 Date entered: Certification letter sent: Hours approved: