

**VERIFICATION OF ONE HUNDRED (100) HOURS OF EDUCATION
TO BE USED TO SATISFY THE REQUIREMENT FOR
THIRTY-SIX (36) HOURS OF APPROVED CONTINUING EDUCATION**

Access this form via website at: <http://hawaii.gov/dcca/pvl/boards/optometry/>

A Hawaii licensed optometrist who is **therapeutically certified** shall obtain continuing education ("CE") in the diagnosis, treatment, and management of ocular and systemic diseases for relicensure. If the licensee completed 100 hours of education in the treatment and management of ocular disease while enrolled in an accredited optometry school, college, or university AND it was accumulated within the two years prior to the date the application of license renewal was received by the Hawaii Board of Examiners in Optometry ("Board"), the Board may deem this to have fulfilled the CE requirement.

Please complete the form below for consideration by the Board.

PART I. TO BE COMPLETED BY LICENSEE

- A. Complete information in Part I only.
- B. Give form to person who will be certifying your hours.
- C. Attach completed form to your renewal application before it is submitted or if renewing online, attach the completed form to a copy of your renewal confirmation.

Licensee's Name (First-Middle-Last)

Hawaii Optometry License No.

PART II. TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF LICENSEE'S OPTOMETRY COLLEGE, SCHOOL OR UNIVERSITY

- A. Complete information in Part II only.
- B. After completing the form, give back to the licensee.

By my signature below, I certify that the above-named optometrist has completed at least 100 hours of education in the treatment and management of ocular disease prepared and graded by an accredited school of optometry, while enrolled as a student at:

Name of Optometry College, School or University

The 100 hours of therapeutic education were completed from

_____ to _____
(Month/Year) (Month/Year)

Print Name (First-Middle-Last)

Title

Signature

Date