

Dear Supplier

Your request for accreditation of a seminar has been received. Please read the following information as it pertains to you and your Company.

The council of the College of Opticians of Alberta has decided that there will be a fee to evaluate all submissions for continuing education credits.

COA needs as much detailed information as you can provide. Here are the minimum requirements you need to submit to the office for accrediting:

- 1) Subject
- 2) Duration of event (with breakdown if applicable, ex: hours)
- 3) Speaker (please include Biography)
- 4) The presentation in power point, slide or lecture notes
- 5) Any handouts that were available
- 6) Questionnaire if part of the Presentation
- 7) How you are verifying attendance
- 8) **\$25.00 per course accreditation fee\***

\*Remember that this fee is to evaluate the seminar or lecture and it does not guarantee the credits will be issued.

Attached with this letter you will find a copy of the Continuing Education Accreditation Submission Procedures, along with an accreditation form. **Please be informed that the course will not be sent to the Accreditation Committee to be reviewed if the \$25.00 per course fee is not received.**

If you have any questions or concerns regarding these requirements do not hesitate contact the COA office.

Sincerely,

David McGowan  
Accreditation Committee Chair  
College of Opticians of Alberta

## Continuing Education Accreditation Form

1. Course Name: \_\_\_\_\_
2. Presenter(s): \_\_\_\_\_  
 Required attachments: a. A current curriculum vitae \_\_\_\_\_  
 b. A 200 word or less biographical sketch for each \_\_\_\_\_
3. Sponsored by: \_\_\_\_\_
4. Date and Time of Course: \_\_\_\_\_
5. Duration (hours/days): \_\_\_\_\_
6. Learning Objectives: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Presentation Format: \_\_\_\_\_  
 (slide/lecture/written/etc.) \_\_\_\_\_
8. Level of Presentation: (Check all that apply)  Basic  Intermediate  Advanced
9. Prerequisites: (if any) \_\_\_\_\_
10. Instructional Objectives: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Course Outline: Attach a separate sheet of paper.
12. Will Attendees be tested?  Yes  No  
 If Yes, what Testing Format? \_\_\_\_\_
13. Will there be a course evaluation?  Yes  No  
 If Yes, what format? \_\_\_\_\_

Name of Submitter \_\_\_\_\_

Title of Submitter \_\_\_\_\_

Signature \_\_\_\_\_

### For COA Office Use Only

Con-Ed Category		All Documents Provided	
Credits Awarded		Session Audit/ Date	
Approved by/Date		Course Number	

ACONEDC ID NUMBER: \_\_\_\_\_