

# Opticians Alliance of New York

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NYS Sponsor Identification #071317-071220.017

## NYS CE Approval & Certificate Order Form

Application for:  Speaker and/or Course Approval\*  NYS Continuing Education Credits

**\*Course Description, Outline, Speaker Resume and/or Curriculum Vitae are Required for applications of approval. Applications that do not include this Information will not be processed.**

Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

Company: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Social Security# \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Lecture Title: \_\_\_\_\_ #of Certificates Required \_\_\_\_\_

Targeted Audience: \_\_\_\_\_

Teaching Strategies (Lecture, Demonstration, Slide/Overhead Presentation, Power Point, etc:  
Lecture and PPT \_\_\_\_\_

Length of Lecture: \_\_\_\_\_

**Program Type** (check all that apply):  Ophthalmic Dispensing  Contact Lenses  Business Management

**Program Level:**  Basic  Intermediate  Advanced

**Program Approved for Credits by** (check all that apply):  ABO  NCLE  JCAHPO

**Program Already Approved for New York State Continuing Education Credits by OANY**  Yes  No

**Speaker Already Approved as a New York State Continuing Education speaker by OANY**  Yes  No

*I testify that the information presented above is truthful and complete*

\_\_\_\_\_  
*Signature*

COURSE# \_\_\_\_\_ CREDIT HOURS \_\_\_\_\_ DATE APPROVED \_\_\_\_\_  
CREDIT TYPE \_\_\_\_\_ SPEAKER DATE APPROVED \_\_\_\_\_