

# Optician's Alliance of New York Inc.

PO Box 631, Oceanside, New York 11572-0631 [www.oany.org](http://www.oany.org)

516-234-4040 Fax 516-705-6523 e-mail [office@oany.org](mailto:office@oany.org)

Certificate of New York State Continuing Education NYSED ID#071320-071223

Course Title: \_\_\_\_\_

OANY Course Identification #: \_\_\_\_\_

Type of Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Meeting Date and Location: \_\_\_\_\_

Class Participant Name: \_\_\_\_\_ Participant NYS License #: \_\_\_\_\_

This is to certify that the above named individual has completed this course offered by the Optician's Alliance of New York Inc (OANY). OANY is recognized by the New York State Education Department's Board for Ophthalmic Dispensing as an approved sponsor of continuing education credit in Ophthalmic Dispensing and Contact Lens Fitting. Continuing Education Credit is not valid without OANY Stamp

*Keep for your personal records for a minimum of 6 years*

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*For use by other states and credentialing bodies that accept New York State Continuing Education Credits.*

*Not valid for ABO/NCLE credit.*

## Evaluation Form

Your opinion of the education presented here is valued.

Please list your comments or suggestion on the reverse side of this evaluation form.

Course Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

License #: \_\_\_\_\_

State: \_\_\_\_\_

Help us identify areas of need for future programs.

Please list your program suggestions on the back of this evaluation from.

*Will your job performance improve as a result of this course?*

Substantially      somewhat      not at all

*Was the instructor organized and knowledgeable?*

Completely      somewhat      not at all

*Was this course a worthwhile investment of time and money?*

Completely      somewhat      not at all

*Should this course continue to be approved for C.E. credit?*

Yes      no

Please return completed Evaluation Form to: Opticians Alliance of New York, PO Box 631 Oceanside New York 11572