

Optician's Alliance of New York Inc.

PO Box 631, Oceanside, New York 11572-0631 www.oany.org

516-234-4040 Fax 516-705-6523 e-mail 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