



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

## APPLICATION FOR APPROVAL OF CLINICAL OBSERVATION FOR CONTINUING EDUCATION

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Date of the Activity \_\_\_\_\_

Name of the participating optometrist \_\_\_\_\_

OE tracker number of the participating optometrist \_\_\_\_\_

Please provide a brief history of the above facility's educational activities, (e.g., sponsorship of seminars, training of residents, supervision of externs). Attach additional paperwork if needed.

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Provide the name of the Doctor that was observed and a brief description of the activity observed by the optometrist.

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Approved \_\_\_\_\_ Number of TPA Hours \_\_\_\_\_  
(Maximum of 8 hours allowed for every renewal cycle)

Date \_\_\_\_\_ Reviewer's Signature \_\_\_\_\_