



# Maryland

## DEPARTMENT OF HEALTH

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

### PRO BONO WORK APPROVAL FORM FOR CONTINUING EDUCATION

#### Licensee Information

Name \_\_\_\_\_

License Number \_\_\_\_\_

#### Participating Organization Information

Name of Facility/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

#### Description of Activity

Briefly describe the activity/event participated in by the optometrist

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours Worked \_\_\_\_\_ Credit Hours \_\_\_\_\_

**(Pro bono work shall earn 1 credit hour for each 3 hours of continuing education activity, up to a maximum of 6 credit hours per renewal cycle.)**

#### Pro Bono Certification

This signature guarantees that no financial benefit was obtained for the activity.

\_\_\_\_\_  
Signature of Contact Person for the Organization/Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participating Organization Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Board Approval

\_\_\_\_\_  
Date