



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., 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.

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

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

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

Approved \_\_\_\_\_ Number of TPA Hours \_\_\_\_\_  
(Maximum of 6 hours allowed for every renewal cycle)

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