



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