APPLICATION FOR CPD CREDIT RECORDING PROGRAM

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.

I, _____
(PLEASE INSERT FULL NAME)

wish to participate in the CPD recording program available from the NZ Association of Optometrists.

I understand that this program is offered as a service to APC holders who are registered as optometrists with the NZ Optometrists and Dispensing Opticians Board.

I acknowledge and accept that my name, contact details and CPD related information (including credits earned) will be held in Association records and will be provided to the Optometrists and Dispensing Opticians Board for the purposes of ongoing competence assurance.

_____ _____
(signed) (date)

Preferred Title: Mr Mrs Miss Ms Dr Prof Other _____

Mail Address: _____ Courier Address: _____

_____ _____

_____ _____

Phone: _____ Fax: _____

Email: _____

Optometrist Board Registration Number: _____

My Scope(s) of Practice are: Optometrist TPA Endorsed Educator

Once your application has been processed, your details will be added to our Database and a CPD Credit Record will be activated in your name. The system records only credits achieved from Board approved activities. The CPD year runs from 1 November to31 October. At the end of the CPD year you will receive a statement of CPD Credit attainment and a copy of your credit achievement will be sent to the Optometrists and Dispensing Opticians Board. Information on Annual CPD Credit Requirements and an explanation of what constitutes 'Accredited' CPD are available from the Board.

Please send this application to: CPD Coordinator,
NZAO National Office
PO Box 1978
WELLINGTON