

## INDIVIDUAL OPTOMETRIST'S RECORD OF ATTENDANCE AT CPD

To be completed by each optometrist attending a CPD event. To claim CPD credit for the event, optometrists should mail this form to: Optometrists CPD Accreditation Committee of the Optometrists & Dispensing Opticians Board,

C/- NZAO CPD Recording Programme, P O Box 51008, Tawa, Wellington 5249, NZ;  
Email: [cpd@nzao.co.nz](mailto:cpd@nzao.co.nz)

**Event Name:** The Evaluation of Swollen Disc

**Event Organiser:** OCULA Queenstown

**Event CPD Reference Number:** 40007 **Event Date:** 06 Mar 2019

**If you did not attend any of these sessions, Please cross the line out.**

Sessions within the Event:

Start Time – End Time	Session Name	Presenter(s)	Hours attended	Credits Office Use Only

Total Hours		1.5 General
		Total Credits

OPTOMETRIST'S NAME:	NZAO Number (if applicable):	Board Registration Number:
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Email Address:	
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SIGNED: .....

DATE: .....