

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 Provisional Optometrist

*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 recertification cycle runs over a two-year cycle. The current two-year cycle runs from 1 November 2016 to 31 October 2018. At the end of the CPD cycle 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 51008  
Tawa  
WELLINGTON 5249