**APPLICATION FORM - PLEASE TYPE IF POSSIBLE.**

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| Complete and send to: Optometrists & Dispensing Opticians Board  Optometrists CPD Accreditation PROGRAMME  c/- NZAO, P O Box 51008,Tawa, Wellington 5249, NZ  Email address: [cpd@nzao.co.nz](mailto:cpd@nzao.co.nz) |

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*Details of Provider (person, institution or organization providing CPD activity)*

**Name:**

**Postal Address:**

**Email:**

**Phone:** **Fax:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Details of Activity (CPD event or course)*

Title:

**Contact for Registration Enquiries (if different from above):**

**Postal Address:**

**Email:**

**Phone:** **Fax:**

# Will this be a single event (one-off), or repeated (i.e. same activity at a later date and/or another venue)?

# One-off Repeat N/A

Venue(s)

**Date(s)**

**Is this activity available to all optometrists/dispensing opticians? Yes No**

**If no, please provide a brief explanation:**

**Is this activity available via the internet? Yes No**

**Is this activity a teleconference? Yes No**

# Will this activity be recorded (audio or video)? Yes No

**Number or CPD points applied for: CD POINTS GEN POINTS**

# (Subject to assessment and approval by CPD committee)

# Total number of hours to be accredited: Hours

# SUMMARY OF CE CONTENT

**Event Title:**

**Presenter(s):**

**Format:** Lecture Workshop Conference Other (please specify)

**Duration:**

**Case Summaries**

***For CPD Credits to be added to the account of any individual optometrist the Board CPD recorder (NZAO) needs both:***

1. *The signed list of attendees from you as organiser(Appendix 1)*
2. *An individual attendance form to be submitted by each optometrist on the list.*

In addition, presenters can also get extra points if they submit the “Peer review Activity Form”(Appendix2)

*Appendix 1*

**Record of Attendance: Structured Peer Review Activity – Optometrists**

(To be completed by the activity organiser and submitted to the NZAO for recording of CPD credits)

*Event Name: CPD Ref #*

*Date of meeting: Location of meeting:*

*Duration of meeting: Form completed by:*

*Ophthalmologist present (if applicable):*

To be completed by all attendees wishing to obtain CPD credits for attendance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attendee name** | **Board Registration number** | **Presented Case?**  **(incl patient ID for reference if audited)** | **Signature** | **Tick if TPA endorsed** |
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*Appendix 2*

**Peer Review Activity Form – Optometrists**

Name: Registration Number:

Date of meeting: Duration of meeting: CPD Ref#

*Required information (use a separate piece of paper for additional information if necessary)*

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| *Case presentation (describe why you chose to present the case, and what clinical information you provided in presenting it)* |

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| --- |
| *Case discussion (summarise the questions and issues raised by peers, and the outcome of the discussion)* |

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| --- |
| *Reflection to be completed after presentation (for example, was there general agreement that your diagnosis and management was appropriate? If not, how would you approach a similar presentation in the future? Are you intending to make changes to your practice or undertake education in a particular area of as a result of presenting this case?)* |

By signing below, I confirm that the information provided in this form is true and correct.

*Signed: Date:*

By signing below, I confirm that presented a case at this meeting, as described above.

*Signed: Name:*

*(therapeutically endorsed optometrist or ophthalmologist)*

**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)

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| **Event Name:** |  | | | |
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| **Event Organiser:** |  | | | |
|  |  | | | |
| **Event CPD Reference Number:** | |  | **Event Date:** |  |

**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** |
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| Total Hours |  |  |
|  | | Total Credits |

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| OPTOMETRIST’S NAME: | NZAO Number (if applicable): | Board Registration Number: |

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| Email Address: |  |

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| SIGNED: …………………………………………………… | DATE: ………………………….. |