

AUSTRALIAN ORTHOPTIC BOARD

PO Box 1035
Hampton North Vic 3188
Australia

Chairman: Associate Professor Kerry Fitzmaurice

Telephone 03 9597 0979

Facsimile 03 9598 9499

AOBoard@vicnet.net.au

www.australianorthopticboard.org.au

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM Application for Accreditation of CPD Activity

Organisation conducting this Activity:*		Web address:	
Is this organisation:	<input type="checkbox"/> a National/ international body/ association?	<input type="checkbox"/> National or branch of national body?	
	<input type="checkbox"/> an Educational institution?	<input type="checkbox"/> Workplace/hospital/agency?	
	<input type="checkbox"/> a Pharmaceutical or optical company?	<input type="checkbox"/> Other? <i>please state:</i>	
Title of Activity:		State/Country:	
Subject area/s:		Venue Town:	
DATE: dd/mm/yy**			No. of Days:
Commencing			
Finishing			Total hours:
HOURS			

**Apply within 6 months of the activity date

Meetings: In order to evaluate this Activity please provide information for presenters in the program or, if not yet finalised, then for the main presenters - *See page 2*

Is the Preliminary Program attached? Yes

Other Activities: *Please go to page 3.*

Accreditation is assessed on the activity providing development beyond the competencies required as a beginning practitioner, its relevance to orthoptic practice/knowledge, the participation level and time involved in the activity. Sufficient information is required in this application to assess the activity accordingly.

Your name _____ Date _____
Email _____ Day Phone _____
Mobile _____

*CHECK the [AOB website](http://www.aob.org.au) to see if this activity has been accredited.

Email‡ to AOBoard@vicnet.net.au or post to the AOB.

‡If possible, please scan supporting documents to pdf and attach.

OFFICE USE ONLY	AOB Notes	APPLCN No.
		REF CODE
	APPROVED	POINTS
	NOTIFIED	WEB

Meetings: Please supply a **brief synopsis of key presenter/s** showing name, credentials, current position/s, responsibilities and affiliations **in the following format**, and any additional relevant information (eg web ref).

Presenter 1: Name	
Qualifications	
Current position and Affiliation/s	
Title of presentation	
Web reference:	

Presenter 2: Name	
Qualifications	
Current position and Affiliation/s	
Title of presentation	
Web reference:	

Other Activities: Please supply a brief description of the activity and its relevance to orthoptic education.

Accreditation is assessed on the activity providing development beyond the competencies required as a beginning practitioner, its relevance to orthoptic practice/knowledge, the participation level and time involved in the activity.

How does this activity contribute to maintaining or increasing your orthoptic work related knowledge?

List Attachments: