



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
 7 Eagle Square, Concord, NH 03301-4980  
 Phone: 603-271-2152

**CONTINUING EDUCATION FORM**

**\*\*PLEASE CIRCLE ONE: TPA/g TPA Non-TPA**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Do you have a NH DEA? Yes \_\_\_\_\_ No \_\_\_\_\_**

- Please list below all activities pursued for continuing education during the past calendar year (**January 1, 2022 through December 31, 2023**). **\*\*\*\*\*IMPORTANT!!: If you were required to register with the NH PDMP and you have a NH DEA license, you are REQUIRED to complete 3 hours of free appropriate board-approved online continuing education or pass an online examination, in the area of pain management and addiction disorder or a combination.**
- Non-TPA certified optometrists are required to have a minimum of 15 annual class I hours every year.
- TPA and TPA/g certified optometrists are required to have 50 hours which includes a minimum of 20 class I hours **AND must send in a copy of your current CPR card and opioid certificates every year.**
- TPA/g optometrists are required to complete 10 of the 50 hours in glaucoma specific education. Of the 10 hours, at least 7 hours must be in Class I, the balance in Class II.
- Please check the boxes below **ONLY** if applicable: 1) Alternative CEU, referenced in Rule Opt 402.04, allows optometrists to acquire up to 8 hours of Class I CE in this ‘non-live’ manner, and 2) for optometrists who are TPA/g certified, you must check the courses which are specific to meeting your glaucoma CEU’s.
- **NOTE: Attendance Slips** for Class I continuing education and **Activity Lists** for Class II continuing education will be subject to annual random audits by the Board of Registration in Optometry. **DO NOT SEND THEM WITH THIS REPORT.**

Check one if applicable:

ALTERNATIVE CEU	GLAUCOMA CEU	DATE	TOPIC	SPONSORING ORGANIZATION	HOURS
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

(CONTINUE ON BACK IF NEEDED)

CLASS I HOURS -- TOTAL \_\_\_\_\_

TOTAL CLASS II HOURS FOR THE PAST CALENDAR YEAR \_\_\_\_\_



**INDEPENDENT STUDY ACTIVITY LOG**  
**New Hampshire Board of Registration in Optometry**

Activity/Title: \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_

\_\_\_\_\_

Activity/Title: \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_

\_\_\_\_\_

Activity/Title: \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_

\_\_\_\_\_

Activity/Title: \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_

\_\_\_\_\_

Activity/Title: \_\_\_\_\_

Journal/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time required for completion: \_\_\_\_\_ hours.

Summary of content: \_\_\_\_\_

\_\_\_\_\_