



## Required COPE Course and Activity Information

*The following information is required from accredited providers in order to receive a COPE Course ID Number:*

**Instructor Name, Degree:** \_\_\_\_\_

**Adjunct/Co-Instructor Name(s), Degree (if applicable):** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Description:** \_\_\_\_\_  
\_\_\_\_\_

**Course Category:** Contact Lens  Practice Management  Principles of Diagnosis  Refractive Surgery Management   
Systemic/Ocular Disease  Treatment/Management Anterior Segment  Treatment/Management Posterior Segment   
Oral Pharmaceutical  Injection Skills  Laser Procedures  Functional Vision/Pediatrics  Surgery Procedures   
Public Health  General Optometry  Glaucoma  Ethics/Jurisprudence  Low Vision/Visual Impairment & Rehabilitation   
Neuro-Optometry  Peri-Op Management of Ophthalmic Surgery  Pharmacology

**Total Course Hours:** \_\_\_\_\_

**Course Presentation:** Lecture  Hands-On Workshop  Panel  Symposia  Grand Rounds  Written  Online   
Posters

**Course Format:** Live  Online Interactive  Online Enduring  Audio/Video  Written

*The following information is required from accredited providers in order to receive a COPE Activity Number:*

**Activity Title:** \_\_\_\_\_

**Activity Start Date:** \_\_\_\_\_

**Activity End Date:** \_\_\_\_\_

**Activity Venue and Address:** \_\_\_\_\_

**Activity Format:** Live  Enduring Distance Learning  Interactive Distance Learning

**Activity Description:** \_\_\_\_\_

*Please submit this information to COPE prior to your activity taking place. Email the information to [arbo@arbo.org](mailto:arbo@arbo.org) and someone will respond to you with the appropriate COPE numbers. The COPE course and activity numbers must be on the certificate of attendance in order for the credit to be accepted by the optometry licensing boards.*