

SUMMARY OF CONTINUING EDUCATION INFORMATION

I, _____, O.D., License Number _____, hereby submit copies of documents reflecting attendance at, or completion of continuing education courses taken between March 1st, 2017 and February 28th, 2018, which fulfill the continuing education requirements for renewal for the 2018-2019 license year, pursuant to NRS 636.260.

_____ hours of TPA continuing education

_____ hours of Non TPA continuing education

_____ and, hours of Practice Management continuing education

_____ Total Hours

Dated: _____

Signature