

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, 2015 and February 28th, 2016, which fulfill the continuing education requirements for renewal for the 2016-2017 license year, pursuant to NRS 636.260.

_____ hours of TPA continuing education

_____ hours of Non TPA continuing education

_____ hours of Practice Management continuing education

Signature:

Date:
