



## Optometrists and Dispensing Opticians Board

# APPLICATION FOR ACCREDITATION OF CONTINUING EDUCATION EVENTS

### Guidelines for organisers

Organisers should refer to the Board's CPD Accreditation Policy for Optometrists and CPD Accreditation Policy for Dispensing Opticians to ensure that the event meets requirements for accreditation.

In order to evaluate an event for points, the Board's CPD Accreditation Committee (Accreditation Committee) members require the following information:

- details of the CPD provider;
- event or course title, format (e.g. lecture, workshop, distance-learning module), and an outline of content and/or a copy of the programme;
- its duration (including that of individual segments if there are several activities in the programme, e.g. lecture followed by a facilitated question and discussion session);
- name and brief resume of each presenter (100 words maximum);
- title and abstract of each presentation (100 words maximum);
- number of CE hours to be accredited.

For distance education, the Accreditation Committee will require samples of study materials and assessment questions, and may request full sets of the resource material for extended programmes. Viewing or listening and completing an assessment are worth the same number of points as attending comparable events.

The number and type of CPD credits will be awarded on the basis of educational quality and time for activity.

Applications should be forwarded to the Board CPD recorder (NZAO or ADONZ) at least 30 days prior to the start date for events of less than four hours' duration, and at least 8 weeks prior to the start date for events of more than four hours' duration. The Accreditation Committee may need to request additional information when, for example, the Continuing Education provider or the presenters do not have an established record of accredited programme delivery. Accreditation will not be granted until all information sought has been supplied.

Any hourly fee of \$75.00 (incl. GST) may be payable for applications for CPD accreditation of online CPD where the activity provides more than one hour's learning. You will be advised if a fee is payable when you submit your application.

## CPD EVENT ACCREDITATION CHECKLIST

Please complete this checklist before sending in your application for accreditation, to ensure that all the required information is provided. This list is for your own use, and should not be sent to the Board CPD recorder (NZAO or ADONZ).

- Is your application typed, or if handwritten, is it legible?
- Have you included the details of the CPD provider on page 1 of the application form?
- Have you provided details of the programme, including title and the contact person for registration queries, on page 1?
- Have you completed the summary of content on page 2 or attached a copy of the programme?
- If you intend to record the programme and wish the recording to be accredited, have you checked the requirements for accreditation of recordings?
- Have you provided the title and a brief abstract of each presentation describing the topic, its objectives, and its format including length and the amount of time allocated for questions and discussion?
- Have you included a copy of the Individual Attendance Form for optometrists to complete and send to the Board CPD recorder (NZAO or ADONZ) to apply for any CE points allocated to this event. **(No form – No Credits!!)**
- If the activity is a teleconference, internet programme, or video have you attached samples of the study and/or assessment materials?
- Will your application reach the Board CPD recorder (NZAO or ADONZ) in the timeframes specified above, allowing sufficient time for assessment prior to the start of the programme?
- Have you designed a individual record of attendance form (see template form design requirement)

Please note that CPD credits are provisional, subject to the event proceeding as described in the application. Organisers must:

- notify the Board CPD recorder (NZAO or ADONZ) if the delivery, duration or content of the programme changes after provisional accreditation has been granted;
- ensure attendees are aware of the accreditation status of the programme (including any changes in status after registrations are accepted) prior to the event;
- provide each attending optometrist with a record of their attendance;
- supply the Board CPD recorder (NZAO or ADONZ) with a list of members attending within 30 days of the event's completion.

## CPD ATTENDANCE FORM FOR EVENT ORGANISERS

To be completed by event organisers. At the conclusion of the event, organisers should mail this form to Optometrists CPD Accreditation Committee of the Optometrists & Dispensing Opticians Board,

C/- NZAO CPD Recording Programme, PO Box 1978, Wellington 6140, NZ  
OR  
C/- ADONZ CPD Recording Programme, PO Box 137, Morrinsville 3340, NZ

Event Name: \_\_\_\_\_

CPD Ref Number: \_\_\_\_\_

Organiser: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note details below must be completed in full before submitting this form to CPD.**

Surname	First Name	NZAO No. (if applicable)	Board Register No.	Signature

**ATTENDANCE**



# INDIVIDUAL PRACTITIONER RECORD OF ATTENDANCE AT CPD

To be completed by each optometrist/dispensing optician attending a CPD event. To claim CPD credit for the event, optometrists/dispensing opticians should mail this form to their respective Association:

C/- NZAO CPD Recording Programme, PO Box 1978, Wellington 6140, NZ  
 OR  
 C/- ADONZ CPD Recording Programme, PO Box 137, Morrinsville 3340, NZ

**Event Name:** \_\_\_\_\_  
 \_\_\_\_\_

**Event Organiser:** \_\_\_\_\_

**Event CPD Reference Number:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

Sessions within the Event:

StartTime – EndTime	Session Name:	Presenter(s):	Hours attended	Credits Office Use Only

Total Hours		
		Total Credits

OPTOMETRIST'S NAME:	NZAO Number (if applicable):	Board Registration Number:
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Email Address: \_\_\_\_\_

SIGNED: .....

DATE: .....

**APPLICATION FORM - PLEASE TYPE IF POSSIBLE.**

Complete and send to: Optometrists & Dispensing Opticians Board  
Optometrists CPD Accreditation PROGRAMME

c/- NZAO, P O Box 1978, Wellington 6140, NZ  
Email address: [cpd@nzao.co.nz](mailto:cpd@nzao.co.nz)

Or

c/- ADONZ, P O Box 137, Morrinsville 3340, NZ  
Email address: [info@adonz.co.nz](mailto:info@adonz.co.nz)

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***Details of Provider (person, institution or organization providing CPD activity)***

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**Name:**  
**Postal Address:**

**Email:**

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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***Details of Activity (CPD event or course)***

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**Title:**

**Contact for Registration Enquiries (if different from above):**  
**Postal Address:**

**Email:**

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**Will this be a single event (one-off), or repeated (i.e. same activity at a later date and/or another venue)?**

**One-off**                      **Repeat**                      **N/A**

**Venue(s)**

**Date(s)**

**Is this activity available to all optometrists/dispensing opticians?**      **Yes**                      **No**

**If no, please provide a brief explanation:** \_\_\_\_\_  
\_\_\_\_\_

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<b>Is this activity available via the internet?</b>	<b>Yes</b>	<b>No</b>
<b>Is this activity a teleconference?</b>	<b>Yes</b>	<b>No</b>
<b>Will this activity be recorded (audio or video)?</b>	<b>Yes</b>	<b>No</b>

**Total number of hours to be accredited:** \_\_\_\_\_

## **SUMMARY OF CE CONTENT**

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**Event Title:**

**Presenter(s):**

**Format:**      Lecture          Workshop      Conference      Other (please specify)

**Duration:**

**Content/Programme:**

**Refer to the CPD EVENT ACCREDITATION CHECKLIST in guidelines to ensure all items to support this application are included.**

**DETAIL OF INDIVIDUAL PRESENTER(S)**

**Name:**

**Presentation title:**

**Duration of presentation:**

**Time Allowed for Questions/Discussion:**

**Abstract** (including statement of educational objectives, 100 word max)

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**Resume** (include, as appropriate, academic qualifications and/or position, affiliations, experience in relevant areas. 100 word maximum):

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If the programme involves more than one presentation, please copy this page and attach abstracts and resumes for all presentations and presenters. Where a presenter is making more than one presentation, only one resume need be provided, but abstracts of all presentations must be submitted.



**COPY OF THE INDIVIDUAL ATTENDANCE FORM FOR OPTOMETRISTS/DISPENSING OPTICIANS TO COMPLETE AND SEND TO THE BOARD CPD RECORDER (NZAO or ADONZ) TO APPLY FOR ANY CPD CREDITS ALLOCATED TO THIS EVENT**

Please provide a copy of the form that you will be providing to each attendee to enable them to provide the Board CPD recorder (NZAO or ADONZ) with proof of attendance and to claim CPD credits for the time spent on this educational activity.

**For CPD Credits to be added to the account of any individual optometrist/dispensing optician the Board CPD recorder (NZAO or ADONZ) needs both:**

The list of attendees from you as organiser;

**AND**

An individual application for credits to be allocated by each optometrist/dispensing optician on the list.

*(See the Guidelines for form templates of 'Attendees list' and 'Individual attendee record'.)*