

## SCO Accreditation Form for Continuing Education Seminars

SEMINAR TITLE:		
PRESENTER:		
SPONSORED BY:		
DATE AND TIME OF PRESENTATION:		
DURATION (HOURS/DAYS):		
LEARNING OBJECTIVES:		
PRESENTATION FORMAT:		
SEMINAR OUTLINE (PLEASE ATTACH ANY NOTES/HANDOUTS/POWERPOINT):		
SUBMITTED BY:		
305NITTED 51.		
SIGNATURE:	DATE:	
PLEASE FORWARD COMPLETED FORMS & SUPPORTING DOCUMENTS TO: SASKATCHEWAN COLLEGE OF OPTICIANS, #13—350—103RD ST E., SASKATOON, SK S7N 1Z1		
PHONE: 306-652-0769 FAX:	: 306-652-0784 EMAIL: OFFI	CE@SCOPTIC.CA
FOR SCO OFFICE USE ONLY		
APPROVED (Y/N)	COURSE NO.	
APPROVED DATE	CON-ED CATEGORY	
	CREDITS AWARDED	