



NYSSO
New York State Society
of Opticians, Inc.

**YOU
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HERE**

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Email: info@nyssso.org
NYS Sponsor Identification #042018-042021.021

Course / Speaker Application

Application for: Speaker Approval* Course Approval for NYS Continuing Education Credits**

* Speaker Resume and/or Curriculum Vitae are REQUIRED for all speaker approvals.
** Course description and outline are REQUIRED for applications of approval. Applications that do not include this will not be processed.

Name: _____ Program Date: _____

Company: _____

Position/Title: _____

Business Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Course Title: _____

Teaching Strategies (lecture, demonstration, slide, PPT, handouts, etc.): _____

Sponsoring Region: _____ Length of Lecture: _____

Program Type: (check all that apply): Ophthalmic Dispensing Contact Lens Business Management

Program Level: Basic Intermediate Advanced

Program Already Approved for New York State Continuing Education Credits by NYSSO: Yes No

Speaker Already Approved as a New York State Continuing Education Speaker by NYSSO: Yes No

I testify that the information presented above is truthful and complete.

(Please provide signature here)

Email: info@nyssso.org

Fax: 518-432-1712

FOR OFFICE USE ONLY	Course# _____ Credit Hrs. _____ Date approved _____
	Credit type _____ Speaker date approved _____