



**NYSSO**  
New York State Society  
of Opticians, Inc.

**YOU  
BELONG.  
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 have read the NYSSO Continuing Education Guidelines and understand submitting my course does not guarantee approval. Course approval applies to NYSSO events only. Transport to Non-NYSSO events requires additional approvals by the NYSSO Education Committee. 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 \_\_\_\_\_