AOA EYELEARN
your professional development hub

PARAOPTOMETRIC STAFF TRAINING

DATE OF TRAINING:

PRACTICE INFORMATION:

COURSE TITLE:

SPONSORING OD AOA MEMBER #:

AOA MEMBER #	ATTENDEE (First & Last Name)

I verify that the above listed paraoptometrics will attend the staff training and watch the listed EyeLearn webinar in its entirety. I also understand the attendees will need to complete the additional resources accompanying the course in their individual EyeLearn accounts to obtain credit.

SIGNATURE

DATE