

ABCMO MOC Program Enrollment/Update

Basic Information

Your Name:

Your Email:

OD License Renewed: ____ Yes ____ No

OD License Renewal Date: _____

OD License State: _____

Adverse Reports

I have NO ADVERSE REPORTS against me in the National Practitioners Databank (NPDB) and have attached a copy of my self-query request results made within the past 60 days.

I had an adverse action report against me in the last 2 years and am submitting a copy of that adverse action from the NPDB.

CE Credits

I have met my state optometry license CE requirements.

I have met and exceeded my required minimal number of CE hours by attending only COPE-ARBO approved and accredited CE hours in Categories B and C.

Submit your OE TRACKER Number/Card for Verification: _____

[Request OE TRACKER Number and Card from ARBO](#)

[Learn more about OE TRACKER Numbers and Cards](#)

Or, submit a hard copy of your CE credits

I am submitting copies of my CE credits and/or a list of all CE credits taken since my last licence renewal.

Authorization

- I authorize ABCMO to make all inquiries needed to verify the validity of the statements above.
- I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in revocation of certification.

Payment of Fees

- I have enclosed a check in the amount of \$45 (for one year) or \$90 (for two years) which matches my state renewal cycle.

Address

Please mail this completed form (all fields are required) with payment to:

ABCMO (MOC)
18683 Milton Ave.
Big Rapids, MI 49307

Questions

If you have any questions please send them to info@abcmo.org

Sign & Date

(Your Signature)

(Today's Date)