



OPTOMETRY COUNCIL OF INDIA™

(Registered under Company Act 25(A) (Not for Profit)
Registration No. : U93000DL2012NPL241009 (Self-regulatory Body)

Date: _____

Kind Attn:

Subject: Invitation to become an accredited Continuing Education (CE) provider

Sir / Madam,

Optometrists in India have formed a self - regulatory optometry council "Optometry Council of India (OCI)". OCI has been registered under the Indian Company Act , Section 25 A (Not for Profit)

OCI has started registering optometrists from February 2014. The registration is valid for 3 years following which it has to be renewed. For renewal of registration the Optometrist needs to have accumulated minimum 50 Credit points during the 3 years.

We are inviting few esteemed organizations involved in providing quality programs to be accredited Continuing Education (CE) providers. This would enable the attending optometrists to gain points required for renewal, from attending the CE programs. Some of the key aspects for the organization would be:

- Usage of OCI logo (as per the terms & conditions)
- Information of the program circulated to the registered optometrists
- As of now, there are no charges to become an accredited CE provider



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I am enclosing the policy document for individual registrations and also our brochure.

It would be nice if you could look at our website as well.

Looking forward to your confirmation.

With regards

Optometry Council of India

www.optometrycouncilofindia.org



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Details About The CE Activities Done

Synopsis for CE programs done from _____ to _____

(Please include details for a minimum of one quarter)

S.No	Title	Program Duration (Hrs)	Description	Number of Attendees	Attendees Were	Assessment Done (Yes / No)	Fees Charged
					Students / Optometrists / Sales Staff / Hospitals / Non- Professional / Others		



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Continuing Education Program Plans (Optional)

S.No	Program Title / Description	Program Duration Plan	Target Number	Target Attendees for Program	Assessment Planned (Yes / No)	Fees Planned
				Students / Optometrists / Sales Staff / Hospitals / Non- Professional / Others		



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To

The Optometry Council of India

Sir / Madam,

We are pleased confirm our acceptance to become an accredited provider for Continuing Education (CE) programs.

We agree to:

- Use the OCI logo as per the guidelines
- Provide details of CE programs being planned to be circulated to the OCI members
- Provide brief report of the CE program after completion

Looking forward to a fruitful partnership.

With regards

Authorized Signatory

Name & Seal

Date: _____