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| Application for Accreditation of Glaucoma Peer Review (GPR) Sessions |

**THIS FORM IS FOR GLAUCOMA PEER REVIEW (GPR) ORGANISERS AND THE ATTENDEES/PRESENTERS (INDIVIDUAL HEALTH PRACTITIONERS) THAT WISH TO APPLY FOR ACCREDITATION OF THEIR GPR SESSION/S.**

**INSTRUCTIONS:**

1. Please apply for an event number prior to your event by emailing the Education Officer at [cpd@odob.health.nz](mailto:cpd@odob.health.nz). Please note, the event will not be assessed until all the information and forms have been full completed by the GPR organiser and all presenters.
2. Complete the application form:
   1. Please submit all applications as typed documents. Any incomplete or handwritten applications cannot be processed and will be returned.
   2. Please supply sufficient supporting information so that the quality and topics of the event or activity can be understood.
   3. Ideally, each GPR requires 6 to 8 optometrist presenters and must be 2 hours long to gain the 2 GPR[[1]](#footnote-2), and the ophthalmologist supervisor must be present during the whole GPR. If the ideal number of optometrists are not present for the entire duration, partial points may be awarded.
   4. ideally, at least 6 optometrists involved and at least a 2-hour session to gain the annual points required
   5. Please complete all fields and email to [cpd@odob.health.nz](mailto:cpd@odob.health.nz).

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| **Section 1: GPR SESSION DETAILS** |

**Applicant name** Click or tap here to enter text.

**Applicant position/designation** Click or tap here to enter text.

**Applicant email** Click or tap here to enter text. **Phone** Click or tap here to enter text.

**Ophthalmologist name (if different than above)** Click or tap here to enter text.

**Ophthalmologist address** Click or tap here to enter text.

**Practice website** Click or tap here to enter text.

**Number of individual sessions for which you are seeking accreditation** Click or tap here to enter text.

**Name of event/activity** Click or tap here to enter text.

**GPR Venue** Click or tap here to enter text.

**Date of GPR session** Click or tap to enter a date.

**Link to GPR session (if applicable)** Click or tap here to enter text.

**Number of optometrist case presentations** Click or tap here to enter text.

**Duration of GPR session** Click or tap here to enter text.

**Type of event or session** *(Please tick relevant box)*

In-person (contact)

Hybrid online

Online only

Other  Click or tap here to enter text.

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| **Section 2: RECORD OF ATTENDANCE** |

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| Please note, this section needs to be completed by the GPR organiser and contain all the attendees (presenters) at the GPR session, to obtain GPR credits. Incomplete forms will be returned. |

**Name of event/activity** Click or tap here to enter text.

**GPR Venue** Click or tap here to enter text.

**Date of GPR session** Click or tap to enter a date.

**Event number:** Click or tap here to enter text.

**Ophthalmologist name** Click or tap here to enter text.

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| **Attendee name** | **Board Registration number** | **Presented Case?**  **(incl. generic patient ID (e.g. #1) for reference, if audited)** | **Signature** |
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| **Section 3: INDIVIDUAL GPR PRESENTATION FORM** |

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| Please note, this section needs to be completed by each attendee (presenter) at the GPR session to obtain GPR credits. Incomplete forms will be returned. |

**Name of event/activity** Click or tap here to enter text.

**GPR Venue** Click or tap here to enter text.

**Date of GPR session** Click or tap to enter a date.

**Event number:** Click or tap here to enter text.

**Ophthalmologist name** Click or tap here to enter text.

**Case presentation (minimum 150 words)** *(describe why you chose to present the case, and what clinical information you provided in presenting it)*

**Case discussion (minimum 150 words)***(summarise the questions and issues raised by peers, and the outcome of the discussion)*

**Reflection to be completed after presentation (minimum 150 words)** *(E.g., was there general agreement that your diagnosis and management was appropriate? If not, how would you approach a similar presentation in the future? Are you intending to make changes to your practice or undertake education in a particular area of as a result of presenting this case?)*

By signing below, I confirm that the information provided in this form is true and correct.

*Signed:* Optometrist name  *Date:* Click or tap to enter a date.

By signing below, I confirm that the above optometrist presented a glaucoma case (described above) at this meeting.

*Signed:* Ophthalmologist name

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| **Section 4: ACCREDITATION OUTCOME** |

*Note: This section is for office use only.*

**Education Officer:**

Comments Click or tap here to enter text.

Application complete Date: Click or tap to enter a date.

Recommend accreditation with Enter number GPR CPD points.

Event number allocated Click or tap here to enter text.

**Outcome by Education, Accreditation and Research Committee, or delegated assessor:**

Assessor name/s: Click or tap here to enter text.

Outcome: Click or tap here to enter text.

Date of accreditation decision: Click or tap to enter a date.

**Entered into Board Event Calendar**

1. The annual GPR credits required. [↑](#footnote-ref-2)