EYE BANK ASSOCIATION OF AMERICA

EBAA's Online Education Portal

eyeLEARN

Group CEU Request Form

If the "Group Training" option was purchased for an eyeLEARN educational session, the session may be viewed by eye bank staff and the CEU request form below can be completed and submitted for credit. Please email the form to Genevieve@restoresight.org or send via fax to 202-429-6036.

This form must be submitted within 1 week of viewing the eyeLEARN educational session.

Name of eyeLEARN educational session: _____

Date the session was attended: _____

Individual who purchased the session on eyeLEARN: _____

Eye Bank Name: _____

Attendees Names ***(Type or print clearly)***	**CEBT (Yes or No)**	**Signature**

Executive Director (Or Supervisor): (print)_____

Signature: _____

By signing, I verify that each person listed is an employee of the eye bank, attended the eyeLEARN educational session listed above and should receive EBAA continuing education credit.