



MARSHALL B. KETCHUM UNIVERSITY
SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY
DEPARTMENT OF CONTINUING EDUCATION
2575 YORBA LINDA BLVD. FULLERTON CA 92832
CE@KETCHUM.EDU • (714) 449-7495

CE RECORDS REQUEST FORM

CERTIFICATE OF COMPLETION
CONFIRMATION OF REGISTRATION
REGISTRATION PAYMENT RECEIPT

THE FOLLOWING INFORMATION IS REQUIRED:

NAME		
LICENSE#		E-MAIL
COURSE NAME(S)		
DATE(S) ATTENDED		

PAYMENT INFORMATION

\$25.00 PER CERTIFICATE

CARD#		
EXP DATE		CVV
BILLING ADDRESS		
CITY STATE ZIP		PHONE#

CERTIFICATES OF COMPLETION WILL BE ISSUED AT NO COST FOR 6 MONTHS AFTER THE COURSE DATE. CERTIFICATES THAT WERE ORIGINALLY ISSUED PRIOR TO THE 6-MONTH DEADLINE WILL BE PROVIDED AT A FEE OF \$25.00 PER CERTIFICATE. IF YOU REQUIRE A COPY OF A CERTIFICATE OF COMPLETION FOR A COURSE THAT TOOK PLACE MORE THAN 6 MONTHS AGO, PLEASE PROVIDE PAYMENT INFORMATION.

ALTERNATIVELY, YOU MAY ALSO PURCHASE A CONTINUING EDUCATION TRANSCRIPT THAT WILL REFLECT ALL COURSEWORK TAKEN AT SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY. CE TRANSCRIPTS WILL BE PROVIDED FOR A FLAT-RATE FEE OF \$25.00 PER TRANSCRIPT COPY. FOR MORE INFORMATION ABOUT CE TRANSCRIPTS, PLEASE VIEW THE CE TRANSCRIPT REQUESTS PAGE VIA THE CE HOMEPAGE AT WWW.KETCHU.EDU/CE.

PLEASE NOTE THAT CERTIFICATES, CONFIRMATIONS, AND RECEIPTS MAY ONLY BE ISSUED IF THE ABOVE INFORMATION HAS BEEN PROVIDED. IF THIS FORM IS INCOMPLETE, YOU WILL BE REQUIRED TO PURCHASE A TRANSCRIPT.

PLEASE COMPLETE AND RETURN THIS FORM TO THE CONTINUING EDUCATION DEPARTMENT VIA E-MAIL AT CE@KETCHUM.EDU OR FAX AT (714)992-7855 ATTN: CE DEPT. ONCE PAYMENT HAS BEEN RECEIVED, CERTIFICATES WILL BE SENT VIA E-MAIL TO THE ADDRESS PROVIDED.