

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1531736

Vendor Name: Consortium of Ophthalmic Train

Invoice Number: 2018

Invoice Date: 01/03/18

PO Number:

Check Number: 0229911

Check Amount: \$ 350.00

Check Date: 01/17/2018

Department ID: 00429

Reviewer Name:

Voucher Number: V0490400

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Lang, Jessica

From: acctpay@cod.edu
Sent: Wednesday, January 03, 2018 11:28 AM
To: Lang, Jessica
Subject: Voucher Confirmation: V0490400

Ac-v

Voucher Number V0490400
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 01/03/18
Due Date 01/03/18
Vendor ID and/or Name 1531736 Consortium of Ophthalmic Training P
AP Type IM Invoices < \$15,000
Voucher Total \$350.00

ITEM 1
Item Description Ophthalmic Membership
Quantity 1.000
Price \$350.0000
Extended Price \$350.00
GL Distribution 01-20-00429-5406002

CHECK ENCLOSED:
Please contact
Jessica Lang at
X24417 to pick up
check.

COMMENTS

APPROVAL DATE

NEXT APPROVALS

AP VERIFIED

01/17/18 - MARIA ZERRUDO

M. Ahmed Chaudhry
M. Ahmed Chaudhry

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015 7
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UNITY AND PROGRESS FOR ALLIED
OPHTHALMIC PERSONNEL EDUCATORS

2018

Membership Application and Renewal Form

January 1, 2018 to December 31, 2018

Annual Membership: \$350.00

(Payments must be made in U.S. Funds)

The Consortium of Ophthalmic Training Programs (COTP) is a 501(c) (3) non-profit corporation. COTP is organized exclusively for educational and scientific purposes, including but not limited to, promoting growth of ophthalmic training programs and awareness of ophthalmic medical personnel through communication and interaction with groups affecting ophthalmic training programs. Articles of Incorporation are on file with the Michigan Department of Commerce Corporation and Securities Bureau (#714-003). IRS Employer Identification Number: 59-3348642.

PROGRAM MEMBERSHIP CATEGORY: ☐ NEW ☒ RENEWAL

☐ Regular Member (full membership privileges)

Ophthalmic Medical Programs accredited by the International Council of Accreditation (ICA)

☒ Associate Member Individual programs seeking, or have applied for accreditation
(not eligible to vote or hold office as a Director or Officer)

Program Name: Eye Care Assistant Program

Program Director: Mitzi Thomas

Address: 425 Fawell Blvd

City: Glen Ellyn State/Province: IL Zip: 60137

Country: USA Phone: 630-942-8398 Fax: 630-942-4222

Email address: thomasm90@cod.edu

Website: http://cod.edu/eyecare

Program: ☐ Non-Clinical Assistant ☒ Clinical Assistant ☐ Technician ☐ Medical Technologist

Accreditation Status: ☐ ICA accredited ☒ Seeking accreditation

At least one, and no more than three, delegates shall represent each Member Program. Identify the delegates who will represent this program on COTP during 2018.

	Delegate #1 (Program Director)	Delegate #2 (Medical Director)	Delegate #3
Name	Mitzi Thomas	Michelle Andreoli	
E-mail Address	thomasm90@cod.edu	mandreoli@gmail.com	
Phone			

Please complete and return with a check in the amount of \$350 (in U.S Funds) made payable to the Consortium of Ophthalmic Training Programs and mail to:

1531736

01/17/2018

0229911

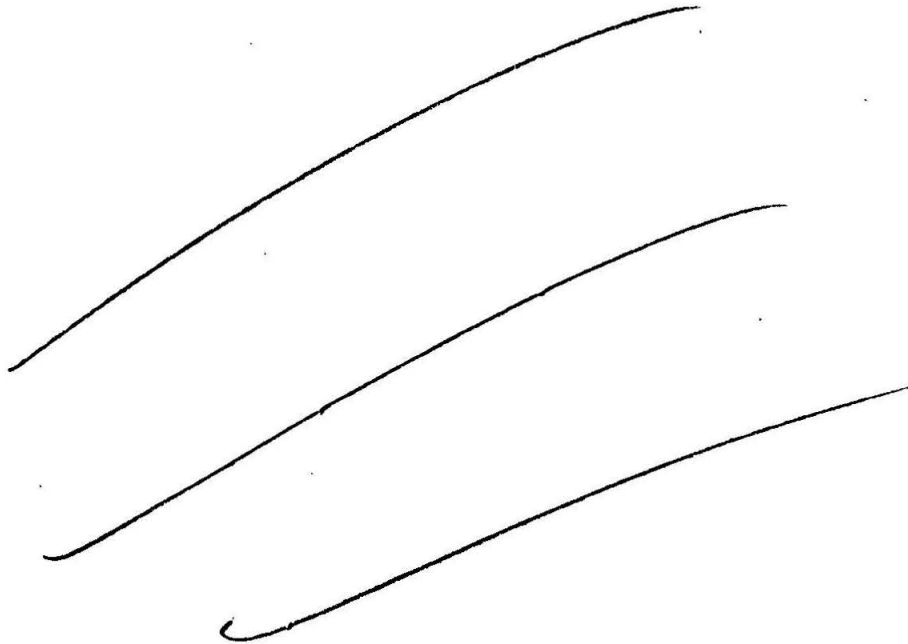
2018

V0490400

Ophthalmic Membership

0120004295406002

350.00



350.00



0229911

PAY ONLY THREE HUNDRED FIFTY AND 00/100 DOLLARS

01/17/2018

\$*****350.00

Consortium of Ophthalmic Train
2025 Woodlane Dr
Saint Paul MN 55125