



Submitting your CET claims on PCSE Online

This year you need to submit your CET claim on PCSE Online, the process follows a few simple steps and provides a fast and easy way to make a CET claim.

Please note: Performers and Contractors need to be registered with these roles on PCSE Online portal to sign and submit CET claims this year. If you're not already registered, find out how to register [here](#).

The Ophthalmic Performer will need to follow these simple steps:

- 1 Log in to PCSE Online as a GOS Performer
- 2 Select Ophthalmic and click on 'make a claim' and then select 'CET'
- 3 This page will appear, you need to check your details, sign the declaration, and select 'Save awaiting Contractor Signatory' - your claim will then be automatically forwarded to your Contractor Signatory to sign
- 4 If you are also Contractor Signatory, once you have saved your claim, read and sign the declaration and click 'submit' to complete

Note: if you are not the Contractor Signatory then your claim will be submitted to the Contractor Signatory.

PCSE Online

HOME OPTHALMIC CET - Continuing Education and Training

CET Claims - Continuing Education and Training undertaken between 01 January 2019 to 31 December 2019

Performer Signatory Contractor Signatory

CONTRACTOR'S NAME UK TEST CONTRACTOR PERFORMER'S NAME UK TEST CONTRACTOR PERFORMER LIST NUMBER 1000

YOUR REFERENCE

DECLARATION

I understand that my contractor is claiming payment of the ES41 CET allowance payment in respect of myself and I declare that:
- I am not claiming a CET allowance for myself between 01 January 2019 and 31 December 2019
- The information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken.
- No other claims or payments have been made on my behalf in respect of another NHS England Regional Team.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by Primary Care Support England, NHS England Regional Team and NHS Protect.

I also confirm that I was included in the NHS England Regional Team's Contracted Performers List and this is the only claim for the CET allowance payment that has been submitted or will be submitted with my agreement in respect of my CET in 2019.

To be completed by the Performer

Please either type/print this code or sign directly into the signature box (for touch enabled devices)

The Contractor Signatory will then need to:

- 1 Log in to PCSE Online as a Contractor Signatory
- 2 Select Ophthalmic and click on 'Search for a claim'
- 3 Search for the claim using the drop down menu and then click 'Open' to view the claim
- 4 Read and sign the declaration
- 5 Click submit and your claim is complete

PCSE Online

HOME OPTHALMIC CET - Continuing Education and Training

CET Claims - Continuing Education and Training undertaken between 01 January 2019 to 31 December 2019

Performer Signatory Contractor Signatory

Performer's Details

Contractor's name: UK TEST CONTRACTOR

Performer's name: UK TEST CONTRACTOR

Performer List Number: 1000

DECLARATION

I claim payment of the ES41 CET allowance payment and I declare that:
- Appropriately CET has undertaken between 01 January 2019 and 31 December 2019
- I am primarily entitled to claim for payment of CET allowance
- The information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by Primary Care Support England, NHS England Regional Team and NHS Protect.

Where this is in respect of my personal CET, I also confirm that I am a contractor with the NHS England Regional Team and that it is the only claim for the CET allowance payment that I have submitted or will submit in respect of 2019. For claims made in respect of a named ophthalmic performer I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim or payment made in respect of the named ophthalmic performer. I further confirm that if I have not made CET available in past time or under an alternative arrangement agreed between us, I will pass on the CET allowance payment to the named ophthalmic practitioner in the case of a registered ophthalmic subject to the requirements of the General Optical Council (GOC). If I have made available more than 10 GOC accredited points of CET I will pass on to the named performer a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 10 points made available relative to the number 100% of the personal grant.

To be completed by the contractor

Please either type/print this code or sign directly into the signature box (for touch enabled devices)

All CET claims will be processed electronically by PCSE. If you have any questions please use the online form [here](#)