

MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS
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PO BOX 200513
HELENA MONTANA 59620-0513
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EMAIL: dlibsdcsls@mt.gov
WEBSITE: www.cls.mt.gov

APPLICATION FOR ACCREDITATION OF CONTINUING EDUCATION

1. Name and address of organization providing or sponsoring the activity (not the name of person applying):

Name _____

Address _____

City _____ State _____ Zip Code _____

2. Telephone number of the provider/sponsor: _____

3. Title of the educational activity: _____

4. Date(s) and locations(s):

5. Registration Fee: _____

6. Method(s) of presentation:

- | | |
|--|--|
| <input type="checkbox"/> faculty in room with participants | <input type="checkbox"/> satellite/microwave |
| <input type="checkbox"/> telephone to broadcast sit | <input type="checkbox"/> video presentation |
| <input type="checkbox"/> discussion leader present | <input type="checkbox"/> audio presentation |

7. List any admission restrictions: _____

8. Method of evaluation:

- | | |
|---|--|
| <input type="checkbox"/> participant critique | <input type="checkbox"/> independent evaluator |
| <input type="checkbox"/> examination | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> none | (Specify) |

9. Description of materials to be distributed:

_____ total pages _____ loose leaf _____ bound

10. When are materials distributed:

_____ before program _____ at program other: _____
(Specify)

11. REQUIRED ATTACHMENTS to the application:

- a. Time schedule (if available)
- b. Table of contents, brochure, course outline, course description, or equivalent
- c. Faculty name(s) and credentials (if not in brochure or description)
- d. An explanation as to how this course is germane to this profession

12. Total minutes of instruction, not including breaks, meals, or introductions:

13. Has this course been approved by other states:

Granted by: _____

Has this course been denied by other states:

Denied by: _____

Name of Person Applying (type or print) Title

Signature Date

Address

City _____ State _____ Zip Code _____

BOARD USE ONLY

Course Number _____

Approved for _____ continuing education credits.

Disapproved - Reason for disapproval: _____

CE COMMITTEE MEMBER SIGNATURE: _____