

BOARD OF HEARING AID DISPENSERS
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CONTINUING EDUCATION APPROVAL REQUEST FORM

INSTRUCTIONS: Submit this form along with an outline, agenda, brochure. or syllabus that shows the times and content of the course. A short vita or resume of the presenters is requested. Please enter all information, including sponsor, and sponsor contact information.

NAME OF REQUESTOR: _____

NAME OF CONTACT PERSON: _____ PHONE NO. _____

email _____

PROGRAM NAME: _____

SPONSOR _____

ADDRESS _____

WEB SITE _____

LOCATION OF PROGRAM _____ DATE(S) OF PROGRAM _____

SUBMITTAL INSTRUCTIONS:

Please submit this form with the (1) Course Agenda, (2) Course Brochure, and (3) Resume of Presenter.

Your request will be mailed to the Continuing Education Committee of the Board of Hearing Aid Dispensers for consideration. Go to www.hearingaid.mt.gov and select Board Rules and Rule Notices from the General Board Information drop-down box. Click on "Specific Board Rules" to locate the continuing education requirements - 24.150.2201 through 2204, ARM.