

BOARD OF MEDICAL EXAMINERS
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ACUPUNCTURE CONTINUING EDUCATION PROGRAM 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 brief resume of the presenters is requested. Please enter all information, including sponsor, and sponsor contact information.

NAME OF REQUESTOR: _____

NAME OF CONTACT PERSON: _____

PHONE: _____ E-MAIL: _____

PROGRAM NAME: _____

SPONSOR ADDRESS: _____

WEB SITE: _____

LOCATION OF PROGRAM: _____

DATE(S) OF PROGRAM: _____

SUBMITTAL INSTRUCTIONS:
Please submit this form with the following:
(1) Course Agenda
(2) Course Brochure
(3) Resume of Presenter

Send your request to the Acupuncture Committee of the Board of Medical Examiners for consideration at the Committee's next meeting.

For additional copies of this form, please visit www.medicalboard.mt.gov and click the "Forms" tab.