

**MONTANA BOARD OF ALTERNATIVE HEALTH CARE**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA MONTANA 59620-0513**  
**(406) 841-2204**  
**EMAIL: [dlibsdahc@mt.gov](mailto:dlibsdahc@mt.gov) WEBSITE: [www.althealth.mt.gov](http://www.althealth.mt.gov)**  
**CONTINUING EDUCATION REPORTING FORM**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Date(s) (Including Year)	Name of Program/Sponsor	Program Format	Hours Attended	
	<b><i><u>Program 1</u></i></b>			
	Courses:			
	Courses:			
	<b><i><u>Program 2</u></i></b>			
	Courses:			
	Courses:			
	<b><i><u>Program 3</u></i></b>			
	Courses:			
	Courses:			
	<b><i><u>Program 4</u></i></b>			
	Courses:			
	Courses:			
	<b><i><u>Program 5</u></i></b>			
	Courses:			
	Courses:			
	<b><i><u>Program 6</u></i></b>			
	Courses:			
	Courses:			

**TOTAL:**

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