



## Montana Department of LABOR & INDUSTRY

Montana Board of Allied Healthcare Professionals

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### CONTINUING EDUCATION APPROVAL REQUEST FORM

**INSTRUCTIONS:** Email 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.

REQUESTING ORGANIZATION: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

LOCATION OF COURSE/ONLINE: \_\_\_\_\_ DATE(S) OF COURSE: \_\_\_\_\_

The Continuing Education rule, 24.204.2101 ARM, can be found at:

<https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/cfdf15a2-1fdf-4f7e-b98d-d1e506440427>.