



Montana Board of Allied Healthcare Professionals
Phone: (406) 444-5696
Email: audit@mt.gov
Website: www.radiology.mt.gov

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>.