BOARD OF RADIOLOGIC TECHNOLOGISTS 301 SOUTH PARK, 4TH FLOOR PO BOX 200513 HELENA MT 59620-0513 (406) 444-5696 FAX: (406) 841-2305 <u>EMAIL: dlibsdrts@mt.gov</u> WEB SITE: www.radiology.mt.gov

CONTINUING EDUCATION APPROVAL REQUEST FORM

INSTRUCTIONS: Submit this form along with an outline, agenda, brochure. or syllabus that shows the <u>times and content</u> 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 Radiologic Technologists for consideration. Go to <u>www.radiology.mt.gov</u> and select Regulations and Administrative Rules. Click on "Specific Board Rules" to locate the continuing education requirements - 24.204.2101, ARM.