

Montana Sanitarian Program
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Record of Continuing Education Units

NAME: _____ LICENSE #: _____

COURSE TITLE: _____

COURSE DATE(S): _____

COURSE LOCATION: _____

COURSE DESCRIPTION: _____

COURSE HOURS ATTENDED: _____

Signature of Course Instructor/Conference Official _____ Date _____

- Course hours are the hours of time with an instructor and do not include lunches/breaks.
- Retain this completed form for at least one year beyond the CE cycle.
- If this is not a pre-approved course under the board's CE rules (ARM 24.216.2102), you will need to submit an *Application for Continuing Education Course Approval*.